

CITY OF CANTON
SPECIAL EVENT FOOD SERVICE PERMIT APPLICATION

Separate form and fee required for each location.

Please come by or mail application and fee to:

City of Canton- Health Department Permits

201 N. Buffalo

Canton, TX 75103

EVENT NAME: _____

DATE(S) OF EVENT: _____

LOCATION OF EVENT: _____

MOBILE FOOD UNIT: YES NO

(if yes, you must provide a copy of your sales tax certificate)

BUSINESS NAME: _____

NAME OF RESPONSIBLE OWNER: _____

CONTACT NUMBER OF RESPONSIBLE OWNER: _____

ADDRESS OF RESPONSIBLE OWNER: _____

CITY: _____ STATE: _____ ZIP: _____

The owner/operator understands this permit is only valid for the dates of the event noted.

Permits are non-refundable.

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICANT'S POSITION: _____

OFFICE USE ONLY

DATE REC'D: _____	CASH _____	CK _____	CC _____
PERMIT #:	ISSUED BY:		