



## Ector County, Texas

June 1, 2023

Permian Basin International Oil Show  
Attn: Jessica Smith

Dear Exhibitor,

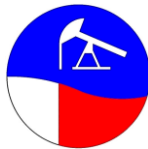
First and foremost, it is the Ector County Health Department's obligation to protect the public's health. Regulating the selling or distribution of food/drinks to the public and enforcing Public Health Laws are the priorities of this department. As you know, the Permian Basin International Oil show attracts a large number of individuals to the Ector County Coliseum grounds. The director of the Ector County Health Department is aware that some oil show vendors plan to prepare and offer food to the public as a promotional activity. These food products are made on-site and given to the public. Foods dispensed to the public whether sold or given away are regulated by this department. Exceptions not requiring a permit are pre-packaged candy, coffee, peanuts, and kettle popcorn. No vendor will be permitted to sell or give food to the public without first contacting this department.

Vendor's planning to provide food must submit a completed application to the Ector County Health Department and paid for prior to the event date. The permit fee for a temporary permit is \$60.00. After the application has been approved by the department, a temporary permit will be issued on-site to each vendor. Please inform your members of the requirements in advance. Please contact an inspector at (432)498-4141 with any questions.

Your attention in this matter is greatly appreciated.

Sincerely yours,

Brandy Garcia MPH, RS, D.R.



Ector County, Texas

## APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

INSTRUCTIONS: Please complete the application in detail. A permit application must be submitted for each establishment. **Print** or **type** the requested information. **BEFORE THE EVENT** *submit this application (by mail or in person) with the appropriate fee.*

Name of Temporary food establishment: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
Email (**must fill out**): \_\_\_\_\_  
Name of the participating Event or Celebration: \_\_\_\_\_  
Name of the Event Coordinator: \_\_\_\_\_  
Phone number of the Event Coordinator: \_\_\_\_\_  
Location of Event: \_\_\_\_\_  
City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Date and time of Event: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Food Items to be served: \_\_\_\_\_  
Place of preparation and storage: \_\_\_\_\_  
Do you operate food establishments at other locations?  Yes  No  
If yes, please provide name and address: \_\_\_\_\_

NOTE: Please read and review the Health Department's handout entitled "Rules for Temporary Food Service Establishments".

### Permit Fee Charges

Temporary health permit	
Valid for <u>1 event only</u>	\$60.00

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Office use only:

Date: \_\_\_\_\_ Facility FA Number: \_\_\_\_\_

Reviewed and Approved by: \_\_\_\_\_

Scanned to Envision Connect

Payment Type:  Cash  Check Number \_\_\_\_\_  
 Credit/Debit  Treasurer