

TEMPORARY FOOD SERVICE RESPONSIBLE PARTY IDENTIFICATION
NO HOME PREPARED FOODS ALLOWED

I, _____, am the operator of the temporary food service
Print your name

booth named: _____ providing food at the
Booth's name from Page 3 OR Organization name from Page 1

following temporary event named: MLK Community Festival on
Temporary Event Name from Page 1
this date: 1/21/2013
Date of the Event

I hereby certify that I have received the guidelines for a temporary food service operations provided by the Austin/Travis County Health and Human Services Department and, Austin Area Heritage Council.
Print name of Event Organizer

I agree, as a condition of my operation at this event, to be responsible to insure that these guidelines are strictly adhered to at all times. I will conform to these guidelines and insure that all individuals involved in this operation conform to these guidelines. I understand that failure to do so may result in the immediate suspension of my operation at this event. I understand that failure to conform to these guidelines may result in a complaint being filed against me in the Municipal Court of the City of Austin for violation of these guidelines and the Code of the City of Austin. I understand that such a complaint might result in a fine of up to \$2,000 on conviction.

_____ (signature)

_____ (mailing address)

_____ (city, state, zip code)

_____ (driver's license number/state)

_____ (date of birth)

_____ (today's date)