



CITY OF MESQUITE
Health Division
1515 N Galloway Ave, Mesquite TX 75149
Phone: 972-216-8138

Permit # _____
Class: Temporary
Date: _____
Fee: _____
501(c)3# _____
Nexus Issue # _____

Temporary Health Permit Application
(Please Print)

Temporary Events/Concessions/Kiosks

Name of Establishment _____

Address of Establishment _____ ZIP _____ Phone# _____

Name of Event _____

Address of Event _____

Temporary Dates of Operation _____

Location of Food Preparation (if not at Event Location; must provide current health permit if using a commercial kitchen.)

Owner of Business _____

Address _____

Phone # _____ Email _____

Food Being Conveyed

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Printed Name of Applicant _____

Signature of Applicant _____

Date _____