



**CITY OF MESQUITE**  
**Health Division**  
1515 N Galloway Ave, Mesquite TX 75149  
Phone: 972-216-8138  
FAX 972-216-6908

Permit # \_\_\_\_\_  
Class: Temporary  
Date: \_\_\_\_\_  
Fee: \_\_\_\_\_  
501(c)3# \_\_\_\_\_

**Temporary Health Permit Application**  
**(Please Print)**

**Temporary Events/Concessions/Kiosks**

**Name of Establishment** \_\_\_\_\_

**Address of Establishment** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Name of Event/Location** \_\_\_\_\_

**Temporary Dates of Operation** \_\_\_\_\_

**Location of Food Preparation (if not at Event Location)** \_\_\_\_\_

**Owner of Business** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**Food Being Conveyed**

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

\_\_\_\_\_  
**Printed Name of Applicant**

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

\_\_\_\_\_  
**Date**