



City of Brownsville Public Health Department
CycloBia Information & Temporary Food Permit Form

Circle One:  Information Table  Food Stand  Food Mobile
 Fitness Station

Does your Information Table include consumable items? Food stand and Food Mobile fill out section A and B
If **No** only fill out section A
If **Yes** fill out section A and B

SECTION A

Date of Event: _____ Time: _____
Duration of Event: _____ Organization: _____
Person in Charge: _____ Phone #: _____
Email: _____ Physical Activity: _____

SECTION B

Permit submission date is two weeks prior to event date.
Effective immediately any vendor issuing consumable items must pay a \$25.00 non-refundable Temporary Food Permit fee.

Address: _____ Zip Code: _____
List of Food Items: _____

HOME PREPARED FOODS ARE STRICTLY PROHIBITED.

I certify that the above information is true and correct. Failure to provide accurate and true information may result in revocation of Temporary Food Permit.

PERMIT VALID ONLY FOR DURATION OF EVENT.

Signature: _____ Print Name: _____ Date: _____

OFFICE USE ONLY

Event's location: _____
Permit #: _____
Comments: _____