City of Bullard
P. O. Box 107 | 114 S Phillips St,
Bullard, TX 75757
P: (903) 894-7223 F: (903) 894-8163
www.bullardtexas.net

Coordinator Application for a "Single Event or Celebration"

with Temporary Food Establishments

For this application to be considered by the City of Bullard, the Event Coordinator/Organizer ***must*** *complete this application in its entirety. Please return the completed paperwork* ***(both the Event Coordinator Application & the Temporary Food Permit Application) 30 days*** *prior to the scheduled event via email events@bullardtexas.net or in person to Bullard City Hall, Monday-Friday between 8 AM-4:30 PM.*

TX Health & Safety Code Chapter 437; TX Health & Safety Code Chapter 121; NET Health District Order 2016-2

A "single event or celebration" occurs at one location once a month or less frequently. Events or activities that occur daily, weekly, or more frequently than once a month at a location are considered continuous operations and do not constitute a "single event or celebration". An activity must be recognized as a "single event or celebration" by the NET Health before a food vendor may apply to set up for the event. A Temporary Food Establishment may operate only in conjunction with a "single event or celebration" at a fixed location for a period of time not to exceed fourteen (14) consecutive days. The coordinator of the event is responsible for crowd control, trash control, and connection to utilities, toilet facilities and traffic control. Coordinator Applications should be submitted 30 days prior to a "single event or celebration" to allow time for proper communication ahead of the event.

Name of Event: _____ **Date & Times of Event:** _____

Location of Event: _____

Name of Coordinator(s) ***Responsible*** **for the "*Single Event or Celebration*":**

_____

Coordinator's Phone Number: _____ **Address:** _____

EMAIL REQUIRED: _____

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Name of the Coordinator on-site and how he/she can be contacted during entire event:

_____

Coordinator's Phone Number: _____ **Address:** _____

EMAIL REQUIRED: _____

Name(s) of Temporary Food Establishment(s) proposed:

_____

_____

_____

Each proposed Temporary Food Establishment must submit an application for a NET Health Temporary Food Establishment Permit. At least 7 days prior to the event or be subject to a $100.00 administrative fee.

In order to host these types of events, the designated coordinator needs to ensure the following 2 documents are completed for the local health department when food or beverages will be offered to the public: ***Event Coordinator Application***

- ***Temporary Food Permit Application***

The *organizer* of a single event or celebration where food is to be provided must complete an ***Event Coordinator Application.*** This form provides necessary information to support the single event or celebration and designate the recognized food vendors.
The food vendor(s) is/are responsible for submitting the ***Temporary Food Establishment Permit Application.***

Both applications can be found by clicking the link below:
https://www.mynethealth.org/departments/environmental-health/permits-and-forms-library/

All information provided on this application is true and correct to the applicant knowledge and belief. Applicant acknowledges that the permit applied for shall be subject to all provisions of the codes and statutes and all rules adopted under the codes and statures of the State of Texas governing food service operations. Applicant attests to having acknowledged all associated information relevant to the event (i.e. via email chains, in-person meetings, zoom meetings, word-of-mouth, phone calls, text messages, informational social media and/or website postings, USPS, etc.) and attests to having acknowledged all associated information read in this application which details responsibilities and requirements for the concession operation and event operation and agrees to comply with the requirements and rules and acknowledging that failure to comply may result in immediate cessation of operations for the "single event or celebration" and/or future events in the City of Bullard *indefinitely.* By signing this application, the above listed applicant authorizes the City of Bullard to perform a background investigation.

Signature of Event Coordinator_____**Date**_____