Booth Responsible Party Identification Each individual booth operator or responsible party is required to complete and submit the following form as part of a complete application. Please print and use additional sheets if applicable.

Booth Responsible Party:						
Booth Name:	e or Name for indivic	dual booth)				
Is this a mobile vending unit? \Box	Yes	Where is the mobile ven *Supervisor approval may be	ding unit	permitted?		
Type of food/beverages to be service	ved (check all tha	it apply):				
Hot foods:						
Colds foods:						
Beverages:						
The food will be obtained from the	e following appro	oved sources (check all th	at apply):			
I operate from/own a perm	itted food facility (s	such as a restaurant).				
Food Facility Name:						
Food Facility Address:			0.1	.	 .	
U will purchase food from a	Address	cility (such as a grocery sto	City ore or resta	State aurant) on t	Zip he dav of th	ne event and bring
		my receipts from the put				
Food Facility Name:						
Food Facility Address						
Food Facility Address:	Address		City	State	Zip	
I hereby certify that I have received the guidelines for temporary food service requirements provided by the Austin Public Health. I understand that, as a condition of my operation at this event, I am responsible to ensure that these guidelines are strictly adhered to at all times. I will conform to these guidelines and ensure that all individuals involved in this operation conform to these guidelines. Failure to do so may result in the immediate suspension of my operation at this event and may result in a complaint being filed against me in the Municipal Court of the City of Austin for a violation of these guidelines and the Code of the City of Austin or in Travis County Precinct Court. I understand that such a complaint may result in a fine of up to \$2,000 on conviction.						
Signature:	Pi	rinted Name:			Date	:
Mailing Address:			City			State Zip
Driver's License: DL #	State	Date of Birth:	-	hone Num	ber:	