

# University of Houston Clear Lake

## Temporary Food Permit

### Requester Information

Responsible Person:

Your UHCL Email:  @UHCL.edu

Your Phone:

Organization Name:

Name of individual(s) assisting that have completed Food Safety Training:

### Event Information

Event Name:

Event Date:

Event Serving Time (4Hr Max): Start:  End:

Has a site reservation been confirmed?  Yes  No

Campus Location of Event:

Who will the food be served to?

Will food and/or event require an OFP?  Yes  No

If Yes, what will be your Open Flame Equipment?

### Food Information

What Risk Level Category are you applying for?  Low  Medium  High

What is your finished food item(s) / dish named?

List ALL Food / Beverage Ingredients and Allergens:  
How will the List Above be kept in the **Hot** / **Cold** Safe Zones During Transport?

List the source(s) you'll get the Food / Beverage Ingredients from:

Where will the Food / Beverage Ingredients be Prepared?

How will the Food / Beverage Ingredients be Prepared?

What equipment will be used for Preparing / Cooking?

How will the Prepared Cooked be kept in the **Hot** / **Cold** Safe Zones During Serving?

### If you are using a caterer to serve food at your event

Will the event be catered by a restaurant or company, where the employees from the restaurant or company will be serving at the event?  Yes  No

Caterer Name:

Caterer Phone:

Address:

City, State: