



Pop-up Commissary Authorization

Environmental Health Division

Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

Facility # _____
Date Received _____
Date Scanned _____
For Office Use Only

Name of Pop-up Establishment: _____ Pop-up Phone: (____) _____

Owner's Name: _____ Owner's Phone: (____) _____

Owner's Address: _____ City/State/Zip: _____

Name of Commissary Establishment: _____ Commissary Phone: (____) _____

Owner's Name: _____ Owner's Phone: (____) _____

Owner's Address: _____ City/State/Zip: _____

The above named pop-up establishment has my permission to use my establishment as a permitted food establishment. I am aware that any violations and possible citations associated with the pop-up establishment that occur at my establishment are my responsibility because they are using my kitchen.

Commissary Establishment Print Name

Commissary Establishment Signature

Date

Pop-up Establishment Print Name

Pop-up Establishment Signature

Date

Wichita Falls-Wichita County Public Health District, Environmental Health Division, 2024



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