



## 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](http://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.

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Commissary Establishment Print Name

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Commissary Establishment Signature

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Date

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Pop-up Establishment Print Name

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Pop-up Establishment Signature

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Date

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



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Name of Commissary Establishment: \_\_\_\_\_ Commissary Phone: (\_\_\_\_) \_\_\_\_\_

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