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. Please send form to gurnistar.singh@acsshows.com

Booth I	Responsible Party:							
Booth I	Name:(Ex. Business Nan	ne or Name for indi	ividual booth)					<u>—</u>
ls this a	a mobile vending unit?		Where is the m	obile vending unit		l?		
•			our booth set up be outside your unit: □Yes □No					
Type of	f food/beverages to be se	rved (check all t	hat apply) Please I	oe general i.e (BBQ	Meats, Co	ondiments	s)	
	Hot foods:							
	Colds foods:							
	Beverages:							
The foo	od will be obtained from th	ne following app	proved sources (ch	eck all that apply):				
	I operate from/own a pern	nitted food facility	/ (such as a restaura	ınt).				
	Food Facility Name:						_	
	Food Facility Address:							
		Address		City	State	Zip		
	I will purchase food from the food directly to the ev	a permitted food ent. I will maint	facility (such as a gain my receipts fro	rocery store or resta om the purchase o	aurant) on t n-site at th	the day of t ne event fo	the event or verifica	and bring ation.
	Food Facility Name:						_	
	Food Facility Address:							
	•	Address		City	State	Zip	_	
underst at all tin Failure against	y certify that I have received tand that, as a condition of rines. I will conform to these to do so may result in the in the in the Municipal Court of Precinct Court, or municipation.	my operation at the guidelines and endinger and endinger guidelines and endinger guidelines and endinger guidelines and endinger guidelines are guidelines and endinger guidel	nis event, I am responding ensure that all individual i	onsible to ensure that duals involved in this on at this event and r these guidelines an	at these guing operation may result duthe Code	idelines are conform to in a comple of the City	e strictly a o these g aint being y of Austi	ndhered to uidelines. g filed n, Travis
Signatı	ure:		Printed Name:			D a	te:	
Mailing	Address:			City			State	Zip
Drivor's	s License.			DL#	5	State	•	1-

NO HOME-PREPARED FOODS ALLOWED



Austin Convention Center 500 E. Cesar Chavez St. Austin, TX 78701

TEMPORARY HEALTH PERMIT CREDIT CARD AUTHORIZATION FORM

Please charge my:								
☐ VISA ☐ MASTERCARD ☐	AMERICAN EXPRESS	□ DISCOVER						
Card #:	Exp Date:	Security Code:						
I hereby authorize a charge in the amount	t of \$280 as payment to Ar	nerican Consumer Shows.						
I agree to pay the stated amount in full we the standard policy of the issuing credit contact the standard policy of the s		ayments in accordance with						
Signature of Cardholder:		Date:						

Applications submitted less than 15 calendar days prior to the start of the event may not be approved and will be subject to a \$227.00 expedited review fee.

Please complete the credit card information and email your form to gurnistar.singh@acsshows.com