



# CITY OF HOUSTON

Health & Human Services Department  
8000 North Stadium Drive, Second Floor, Houston, TX 77054  
Bureau of Consumer Health Services  
Voice (832) 393-5100  
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## Recognized Charitable Food Service Provider Program

### PROPERTY AGREEMENT (Please print or type all information)

As the property owner or owner's lawful representative of that property located at

\_\_\_\_\_ I, \_\_\_\_\_ hereby give  
*(location of food service event)* *(property owner or representative)*

permission to \_\_\_\_\_  
*(individual or organization)*

to use said property to conduct charitable food service activities from

\_\_\_\_\_ through \_\_\_\_\_;  
*initial date* *end date*

and \_\_\_\_\_ through \_\_\_\_\_.  
*initial time* *end time*

Signed:

\_\_\_\_\_  
*Property Owner or Representative* *Printed name* *Date*

\_\_\_\_\_  
*Address* *Telephone*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Food Service Provider or Representative* *Date*

\_\_\_\_\_  
*Address* *Telephone*