



DEPARTMENT OF ENVIRONMENTAL HEALTH

633 WASHINGTON STREET, RM 36, RED BLUFF, CA 96080

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Health Officer

Tim Potanovic, REHS

Director

Temporary/Mobile Food Vendor Application for Permit To Operate

BUSINESS INFORMATION

Name of Facility/Booth: _____
Name of Owner/Organization: _____
Mailing Address: _____

City, State, Zip: _____

Telephone No. of Owner/Organization Contact: (_____) _____

- Check if Veteran's Fee Exempt and Attach Appropriate Documentation (Copy of DD214)
- Please list Menu items you plan to serve on the back of this form
- Please list the Events you plan to attend on the back of this form

TYPE OF FACILITY

- TEMPORARY FOOD FACILITY** Prepared foods \$ 105.00; Pre-packaged foods \$53.00
(Booth) *As defined in Cal Code* (Annual Permit)
- NON-PROFIT CHARITABLE TEMPORARY FOOD FACILITY** NO FEE *
As defined in Cal Code
Please submit a copy of your Non Profit status documentation
- MOBILE FOOD FACILITY** Prepared foods \$ 105.00; Pre-packaged foods \$80.00
As defined in Cal Code (Annual Permit)
Vehicle Make _____ License Number _____

PERMIT FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

*** NOTE: Permit Valid Only When Operating In Conjunction With A Community Event Coordinator**

I HEREBY MAKE APPLICATION FOR A PERMIT TO OPERATE THE ABOVE FACILITY IN ACCORDANCE WITH THE STATE HEALTH LAWS AND LOCAL ORDINANCES AND REGULATIONS.

Date: _____ Signed: _____

Email: _____

FOR OFFICE USE ONLY

Date Payment Received: _____ Amount: _____ Receipt No: _____ Rec'd By: _____

Date Inspected: _____ Approved By: _____