



DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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

PERMIT FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

*NOTE: Permit Valid Only When Operating InConjunction 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: _____ Signature: _____

Email: _____

FOR OFFICE USE ONLY

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

Date Inspected: _____ Approved By: _____ License Plate #: _____

Name of Event	Menu Items