



DEPARTMENT OF ENVIRONMENTAL HEALTH

633 WASHINGTON STREET, ROOM 36
RED BLUFF, CA 96080
Phone (530) 527-8020 Fax (530) 527-6617

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 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 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 # _____

