



DEPARTMENT OF ENVIRONMENTAL HEALTH

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Health Officer

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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 \$ 89.00; Pre-packaged foods \$45.00
(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 \$ 89.00; Pre-packaged foods \$45.00
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: _____

FOR OFFICE USE ONLY

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

Date Inspected: _____ Approved By: _____

