



TRINITY COUNTY
Environmental Health Division
61 Airport Road - P.O. Box 476
Weaverville, CA 96093
Phone: 530-623-1459 Fax: 623-1353

TEMPORARY FOOD FACILITY PERMIT APPLICATION

One Event \$62.00

Multiple Events \$165.00/Year

Name of Event(s): _____

Location and Date of Event(s): _____

Name of Owner, Operator, Business, Concession, or Group: _____

Mailing Address to receive permit: _____

Telephone Numbers: _____

Non-Profits organizations are *exempt* from fee. Tax ID#: _____

Describe food and beverages to be sold: _____

Equipment used to maintain proper food temps (cold foods 41°F or less, hot foods 135°F or higher): _____

Food Preparation Location:

on site in booth enclosure

Off site at permitted food facility: _____

Food Facility Name

County

Potable water source for handwashing within 10 feet of food preparation area.

NO HOME FOOD PREPARATION IS ALLOWED

Conditions of Approval: Following a review of complete and satisfactory application information and/or booth inspection, and approved copy of this form shall be issued as a permit-to-operate. The facility must be operated in accordance with the *CALIFORNIA RETAIL FOOD CODE/ California Health & Safety Code*.

As the Owner__, Operator__, Manager__, of this facility, I certify that should a permit be granted I shall observe the CALIFORNIA RETAIL FOOD CODE. I also agree that representatives of the Trinity County Environmental Health may make inspections during the hours when the business is open to the public.

Applicant's Signature: ✓ _____

Date: _____

Approved By: _____

Date: _____

Expires: End of Event(s) _____

Conditions of approval: _____