

TRINITY COUNTY

Community Development Department Environmental Health Division 61 Airport Road P.O. Box 476 Weaverville, CA 96093

Phone: 530-623-1459 Fax: 623-1353 Hours: Monday – Thursday 8:00 am – 2:00 pm, Closed Fridays

TEMPORARY FOOD FACILITY PERMIT APPLICATION

Please Plan Ahead - Must allow up to 2 weeks processing time

Fees Waived – I have a current Trinity County Food Facility - Permit to Operate PTO No.

Reminder that Veterans, Non-Profit Organizations & Cottage Food Operations are also *exempt* from fees and need to fill out a different Temporary Food Facility Application

Please Print CLEARLY

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Name of Owner or Operator:		
Name of Business, Concession, or Grou	p:	
Tax ID No.:		
Mailing Address to receive permit:		
Cell Number: ()	Other Phone Numb	per: ()
Email:_		
Name of Event Event 1:	Date(s)	Location
Event 2:		
Event 5:		
Event 5:		
Describe food / beverages to be sold:		
List equipment used to maintain proper f	food temps (cold foods	41°F or less, hot foods 135°F or higher):

Food Preparation Information & Location:

Do you prepare food On-Site? Yes: No: (If working out of a booth, you may be required to have an enclosure such as a screened area to keep insects & dust out)
Do you prepare food Off-Site? Yes: No: If "Yes", please provide a current copy of your contract with your commissary Name of permitted commissary:
Do you or someone who is working with you have a Food Handlers or Food Safety Managers Certification? Yes: No:
If you work out of a Mobile Food Facility, please provide a photo copy of your trailer's HCD Sticker THIS INSIGNIA REMAINS PROPERTY OF THE STATE OF CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT DIVISION OF CODES AND STANDARD STANDAR
Booth Equipment Plan / Site Plan – show the layout of your Temporary Food Facility Booth or Mobile Food Facility (your Booth Equipment Plan / Site Plan must be attached to the application). You must have your own water source for handwashing within 10 feet of your food preparation area (see sample on attached Booth Equipment Plan / Site Plan).
HOME FOOD PREPARATION IS NOT ALLOWED
COMMISSARY LETTER NEEDED (UNLESS COTTAGE FOOD OPERATION CERTIFIED – DIFFERENT APPLICATION)
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 temporary food facility, I certify that should a permit be granted, I shall observe the CALIFORNIA RETAIL FOOD CODE. I also agree that representatives of Trinity County Environmental Health may make inspections during the hours when the temporary food facility is open to the public.
Applicant's Printed Name:
<u>Applicant's Signature:√</u> <u>Date:</u>
Approved By: Date: Expires: End of Event(s)
Conditions of Approval: