



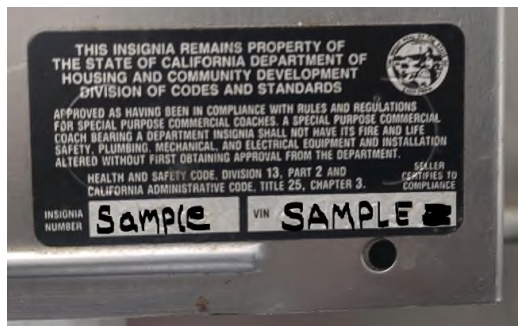
**Food Preparation Information & Location:**

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: \_\_\_\_\_ County: \_\_\_\_\_

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



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:** \_\_\_\_\_  
**Applicant's Signature:** ✓ \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Expires:** End of Event(s)  
**Conditions of Approval:** \_\_\_\_\_