



TRINITY COUNTY

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 TO OPERATE APPLICATION AND FEE:

One Event \$178.00

Multiple Events \$356

Must allow up to 2 weeks processing time

Please Print CLEARLY

Name of Owner or Operator: _____

Name of Business, Concession, or Group: _____

Mailing Address to receive permit: _____

Cell Number: () Phone Number - Other: ()

Email: _____

Name of Event	Date(s)	Location
Event 1:	_____	_____

Event 2: _____

Event 3: _____

Event 4: _____

Event 5: _____

Event 5: _____

Describe food / beverages to be sold: _____

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

Additional Information:

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)

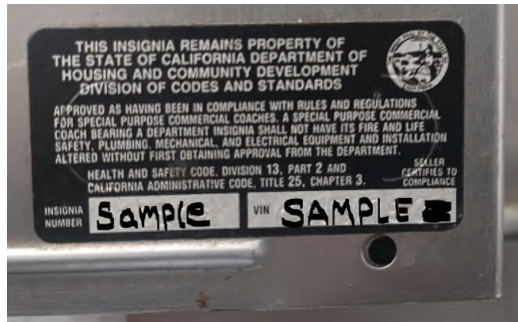
Do you prepare food Off-Site? Yes:_____ No:_____
If "Yes", please **provide a copy of your current contract with your commissary** that should be dated this year.

Name of permitted commissary:_____ County:_____

Do you have a Food Handlers or Food Safety Managers Certification? Yes:_____ No:_____
Although not required for a TFF, if you answered "Yes", please provide a copy with this application unless you have a permit to operate in Trinity County, then we have you certificate on file.

Do you hold any type of food facility license within the county you live in? Yes:_____ No:_____
If "Yes", please provide a copy of this year's valid food facility license with this application.

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:** _____

Approved By: _____ Date: _____

Conditions of Approval: _____