



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 Cottage Food Operation Permit to Operate
PTO # : _____ Issued County: _____

Reminder that Veterans and Non-Profit Organizations are also *exempt* from fees
and need to fill out a separate Temporary Food Facility Application

Please Print CLEARLY

Name of Owner or Operator: _____

Name of Business, Concession, or Group: _____

Mailing Address to receive permit: _____

Telephone Number: _____ () _____ Cell Number: () _____

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: _____

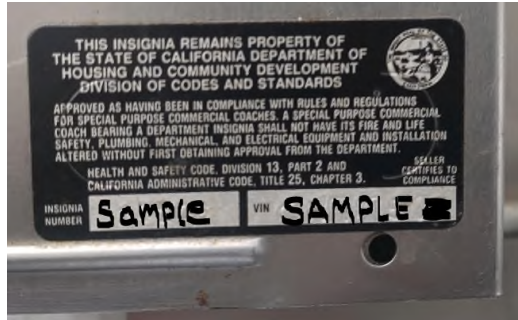
List what food / beverages are stored in: _____

Additional Information Needed:

Food Handlers or Food Safety Managers Certification: If you are from Trinity County we have your Cert on file unless it has expired.

If your CFO is not licensed in Trinity County, please provide a copy of your valid Food Handler / Food Safety Managers Certificate.

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).

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 the 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: _____