

**BUTTE COUNTY PUBLIC HEALTH  
Division of Environmental Health**

202 Mira Loma Drive  
Oroville, CA 95965  
(530) 538-7281 or (530) 891-2727  
FAX (530) 538-5339

**COMMUNITY EVENT ORGANIZER  
APPLICATION FOR PERMIT TO OPERATE A  
FOOD FACILITY**

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**Name of Special Event** \_\_\_\_\_

**Location** \_\_\_\_\_

**Date of Event** \_\_\_\_\_

**TYPE OF BUSINESS** (check one)

- Vehicle     Mobile Food Prep. Unit     Temporary Food Facility (TFF) w/food preparation  
 TFF w/no prep     TFF w/ only prepackaged non-potentially hazardous foods     Non-profit TFF

**Name of Organizer** \_\_\_\_\_

**Previously Known As** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Business Telephone** \_\_\_\_\_

**Fax Telephone** \_\_\_\_\_

**Days Opened S M T W Th F S Hours Opened** \_\_\_\_\_

**Contact names and telephone numbers (if different)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that, to the best of my knowledge and belief, the above statements are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this Permit and the operation of this business.

**20** \_\_\_\_\_

**TOTAL FEES \$** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**DEPARTMENTAL USE**

Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Computer # \_\_\_\_\_

Permit Issued \_\_\_\_\_ By \_\_\_\_\_ Posted \_\_\_\_\_

OK to Permit \_\_\_\_\_, R.E.H.S. Date \_\_\_\_\_

# COMMUNITY EVENT SITE PLAN

Community Event Name	Location	Event Date
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1. Draw site plan showing all food facilities (and name), restrooms, shared sink facilities, streets and organizer booth. You may use a separate sheet if you wish.



2. Comments or other details: