

**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  
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)

**MOBILE FOOD FACILITIES**

Significant Prep  Limited Prep  Packaged Food    Mobile Food Facility License \_\_\_\_\_

**TEMPORARY FOOD FACILITIES**

Significant Prep  Minimum Prep  Packaged Food  Non-Profit (tax exempt number) \_\_\_\_\_  
(Please complete back side of form for food booth)

\_\_\_\_\_  
**Name of Facility**

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

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

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

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

\_\_\_\_\_  
**Fax Number**

**No. of Employees Per Shift** \_\_\_\_\_ **Days Opened** S M T W Th F S **Hours Opened** \_\_\_\_\_

\_\_\_\_\_  
**Owner Name/s (List all owners or corporation names & officers)**

\_\_\_\_\_  
**Address of Owner**

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

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 \_\_\_\_\_

# TEMPORARY FOOD FACILITY

1. Draw in all equipment (including tables, counters, shelves, etc.) in provided square:

	Describe:
	Floor _____
	_____
	Walls _____
	_____
	Ceiling _____
	_____
	2. Indicate kinds of food/ beverages that will be sold/ served (ie: packaged, unpackaged, etc):
	_____
	_____

3. How the food will be prepared and/or served at the temporary food facility. Describe operational procedures and equipment (ie: refrigerator) used for handling foods:

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4. Where/ how will the food or beverages be prepared, stored or purchased prior to being taken to the temporary food facility?

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5. How/ where will equipment and food contact surfaces be cleaned and sanitized?

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A second sheet of paper may be used, if needed, for answering the questions listed above.