



PLUMAS COUNTY PUBLIC HEALTH AGENCY
ENVIRONMENTAL HEALTH DIVISION
 270 County Hospital Road, Ste 127, Quincy, CA 95971
 Phone (530) 283-6355 Fax (530) 283-6241

**Temporary/Mobile Food Vendor
 Application for Permit To Operate**

BUSINESS INFORMATION

Name of Facility/Booth: _____
 Name of Owner/Organization: _____
 Mailing Address: _____
 City, State, Zip: _____
 Telephone No. of Owner/Organization Contact: (____) _____
 Email Address: _____

Check if Veteran's Fee Exempt and Attach Appropriate Documentation (Copy of DD214)
 Please List the Menu items you plan to serve on the back of this form
 Please list all events you plan to attend this year on the *back* of this form.

TYPE OF FACILITY

<input type="checkbox"/>	TEMPORARY FOOD FACILITY (Booth) <i>As defined in Cal Code</i>	\$ 85.00 * (Annual Permit)
<input type="checkbox"/>	NON-PROFIT CHARITABLE TEMPORARY FOOD FACILITY <i>As defined in Cal Code</i> <i>Please submit a copy of your Non Profit status documentation</i>	NO FEE *
<input type="checkbox"/>	MOBILE FOOD FACILITY <i>As defined in Cal Code</i>	\$ 85.00 (Annual Permit)

Vehicle Make _____ *License Number* _____

PERMIT FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE
 * NOTE: Permit Valid Only When Operating In Conjunction With A Community Event Coordinator

I HEREBY MAKE APPLICATION FOR A PERMIT TO OPERATE THE ABOVE FACILITY IN ACCORDANCE WITH THE STATE HEALTH LAWS AND LOCAL ORDINANCES AND REGULATIONS.

Date: _____ Signed: _____

FOR OFFICE USE ONLY

Date Payment Received: _____ Amount: _____ Receipt No: _____ Rec'd By: _____
 Date Inspected: _____ Approved By: _____

