



MONO COUNTY HEALTH DEPARTMENT

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P.O. BOX 3329, MAMMOTH LAKES, CALIFORNIA 93546 (760) 924-1800 • FAX (760) 924-1801

Richard O. Johnson, M.D.
Health Officer

EVENT FOOD FACILITY ORGANIZER PERMIT APPLICATION

Date of application _____

A site plan accompanying this application shall illustrate the following information:

- Location and name of each food facility
- Location and number of:
 - ~ Restrooms
 - ~ Hand-washing units
 - ~ Shared utensil-washing facilities
 - ~ Janitorial facilities
 - ~ Refuse containers

The applicant shall comply with the California Health and Safety Code Section 114381.1 Permit Requirements for Event Organizer. The application for this permit shall be submitted at least two weeks prior to the event. The event organizer permit fee is \$96/event.

Name of event _____ Date of event _____

Location of event _____

Event organizer _____

Mailing address _____

Phone number _____ Fax number _____

Estimated attendance _____ Total number of food booths _____

Number of hand-washing facilities _____ Number of portable toilets _____

Name of public water system providing water _____

Method of solid waste collection and disposal _____

I affirm that I am the person or representative of the organization stated above, and I agree that I am responsible for compliance with California Health and Safety Code Section 114381.1.

Signature _____ Date _____