

**Mono County
Environmental Health**

P.O. Box 3329
Mammoth Lakes, CA 93546
(760) 924-1830, fax 924-1831

P.O. Box 476
Bridgeport, CA 93517
(760) 932-5580, fax 932-5284

APPLICATION FOR TEMPORARY FOOD PERMIT

Please submit application and \$96.00 fee (if applicable) at least two weeks prior to event.

NAME OF EVENT _____ **DATE OF EVENT** _____

LOCATION OF EVENT _____

SPONSOR OF TEMPORARY FOOD FACILITY _____

CONTACT PERSON _____ **PHONE** _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

FOOD PREPARATION: In permitted restaurant kitchen (or community center)?
() YES () NO

NAME OF FACILITY _____

FOODS

INDICATE SOURCE OF EACH FOOD; LIST ALL FOODS TO BE SERVED. INDICATE WHICH FOODS ARE PACKAGED, BOTTLED OR BULK FOODS.

FOODS TO BE PREPARED AT TEMPORARY FOOD FACILITY _____

FOOD BROUGHT IN FROM PERMITTED FACILITY (IF APPLICABLE) _____

EQUIPMENT

LIST ALL EQUIPMENT TO BE INSTALLED AT BOOTH OR CONCESSION, INCLUDING GRILLS, STOVES, REFRIGERATORS, HOT HOLDING DEVICES, SINKS, ETC:

FOOD PROTECTED FROM CUSTOMER CONTAMINATION BY SNEEZE GUARDS:

YES NO

FOOD PREPARED AT BACK BAR ONLY (AWAY FROM CUSTOMERS):

YES NO

FOOD FACILITY CONSTRUCTION

SPECIFY FLOOR, WALLS & CEILING MATERIAL OF THE TEMPORARY FOOD FACILITY:

IS TEMPORARY FOOD FACILITY PROTECTED FROM DUST CONTAMINATION ON THREE SIDES & TOP?

YES NO (If not, describe procedure for protection of foods)

OFFICE USE ONLY:

PERMIT FEE PAID:

YES NO DATE _____ RECEIPT # _____ CHECK# _____ CASH

APPROVAL TO ISSUE PERMIT:

YES NO DATE _____ BY _____