



Glenn County Health Services

Temporary Food Event Coordinator Permit Application

See California Retail Food Code, Section 114381.1

All portions of this application must be completed. The application shall be submitted with appropriate fee at least 14 days prior to the event. Applications received late and/or incomplete may result in a permit not being issued.

Date _____

ADMINISTRATION

242 N. Villa Ave.
Willows, CA 95988
(530) 934-6582
FAX: (530) 934-6592

**ENVIRONMENTAL
HEALTH**

257 N. Villa Ave.
Willows, CA 95988
(530) 934-6102
FAX: (530) 934-6103

FISCAL

247 N. Villa Ave.
Willows, CA 95988
(530) 934-6347
FAX: (530) 934-6369

MENTAL HEALTH

242 N. Villa Ave.
Willows, CA 95988
(530) 934-6582
FAX: (530) 934-6592

604 E. Walker St.
Orland, CA
(530) 865-6459
FAX: (530) 865-6483
Mailing Address
242 N. Villa Ave.
Willows, CA 95988

PUBLIC HEALTH

240 N. Villa Ave.
Willows, CA 95988
(530) 934-6588
FAX: (530) 934-6463

SUBSTANCE ABUSE

1187 E. South St.
Orland, CA 95963
(530) 865-1146
FAX: (530) 865-1150
Mailing Address
P.O. Box 1174 E South St
Orland, CA 95963

1. Name of Event: _____

Location of Event: _____

Date(s) of Event: _____ Hours: _____

2. Event Coordinator Name: _____ Phone: _____

Mailing Address: _____

Fax#: _____ Email Address: _____

3. Number of food booths expected: _____

4. Will Electricity be provided? YES _____ NO _____

5. Will Equipment/Utensil Washing Facilities Be Provided? YES _____ NO _____

If Yes, Describe: _____

6. Describe Restroom Facilities: _____

7. Describe Restroom Handwashing Facilities: _____

8. Describe Potable Water Supply: _____

9. Describe Waste Water Disposal: _____

10. Describe Garbage Disposal (including frequency of pick-up): _____

11. Is this a Nonprofit Charitable Temporary Food Event? YES NO

If YES, IRS Exempt Registration # must be provided: _____

If possible, provide a copy of the 501 (c)(3) letter with application.

Is the letter included? YES NO

12. **SITE PLAN:** In the space below, sketch a legible site plan which shows the locations of all food facilities, restrooms, refuse containers, potable water supply faucets, waste water disposal facilities and (if applicable) all shared warewashing and handwashing facilities.

SITE PLAN:

FEE SCHEDULE

Temporary Food Event Coordinator (0-5 vendors) - \$50/event

Temporary Food Event Coordinator (6+ vendors) - \$80/event

Nonprofit Charitable Temporary Food Event Coordinator – No Fee Charged

APPLICANT SIGNATURE:

DATE:

All Temporary Food Facility Event Coordinator Applications are approved for each single event - only for the location, event coordinator and dates of that event.

*******TO BE COMPLETED BY GCEHD ONLY*******

Application approved Yes No REHS: _____ Date: _____