

# GLENN COUNTY

## Planning & Community Development Services Agency Environmental Health Department



225 N Tehama St.  
Willows, CA 95988  
Tel: 530.934.6102 Fax: 530.934.6103  
[www.countyofglenn.net](http://www.countyofglenn.net)

Mardy Thomas, DIRECTOR

### Temporary Food Event Coordinator Permit Application

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

#### Event Coordinator Information:

Coordinator Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

#### Event Information:

Name of Event: \_\_\_\_\_  
Location of Event: \_\_\_\_\_  
Date(s) of Event: \_\_\_\_\_ Hours: \_\_\_\_\_  
Number of Food Booths Expected at the Event: \_\_\_\_\_

#### Nonprofit Charitable Temporary Event Information:

If this is a Nonprofit Charitable Temporary Food Event, provide a copy of the 501 (c)(3) letter; and

The IRS Exempt Registration Number: \_\_\_\_\_

#### Electricity Provided:

Yes  No  Describe: \_\_\_\_\_  
\_\_\_\_\_

#### Utensil Washing Facilities:

Yes  No  Describe: \_\_\_\_\_  
\_\_\_\_\_

#### Restrooms:

Permanent  Portable  Other/Describe: \_\_\_\_\_  
\_\_\_\_\_

#### Restrooms Handwashing:

Permanent  Portable  Other/Describe: \_\_\_\_\_  
\_\_\_\_\_

Potable Water Supply:

City Water  Private Well  Other/Describe: \_\_\_\_\_  
\_\_\_\_\_

Waste Water Disposal:

City Sewer  Septic System  Other/Describe: \_\_\_\_\_  
\_\_\_\_\_

Garbage Disposal:

County Hauler  Private Hauler  Other/Describe: \_\_\_\_\_  
\_\_\_\_\_

**SITE PLAN** - In the space below, sketch a legible site plan that shows the locations of all food facilities, restrooms, refuse containers, potable water supply faucets, waste water disposal sites and (if applicable) electricity outlets, shared utensil and handwashing facilities. (Attach a separate sheet of paper, if needed)

Large empty rectangular box for sketching a site plan.

Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_

*Temporary Food Facility Event Coordinator Applications shall be completed and approved for each event. Each event shall have a single location and limited number of days.*

**Official Use Only**

Event Type:

0-5 Vendors  6 + Vendors.  Nonprofit Charitable

REHS: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Application Approved

Yes

No

Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Rec'd by: \_\_\_\_\_