



Glenn County Health Services

Temporary Food Facility Permit Application

See California Retail Food Code, Section 114381.2

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. Owner/Operator Name (Please Print)

First Middle Last Phone

Mailing Address City State Zip

Fax# Email Address

Name of Food Booth/Organization:

Name of Event:

Date(s) of Event: Hours:

Location of Event:

Person in Charge of Booth: Phone:

Event Coordinator: Phone:

2. Is this facility a Nonprofit Charitable Temporary Food Facility? 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

3. FOOD PREPARATION: Home-Prepared Foods Are Not Allowed. All food preparation at the event must be conducted within the temporary food facility or a food facility approved by the Glenn County Environmental Health Department.

Name of Approved Food Facility:

Address:

Phone:

Dates and Times Approved Food Facility will be used:

*******TO BE COMPLETED BY APPROVED FOOD FACILITY OPERATOR*******

I hereby allow _____ to use my food facility for food preparation, storage, utensil washing and waste disposal. The food facility may be used on the following dates and times.

Signature of Food Facility Operator / Print Name:

Date:

4. FOOD: List all food items, including toppings and beverages.

Food Item

Cooking Procedure

Prepared On or Off-Site

1.

2.

3.

4.

5.

6.

7.

All Foods must be purchased from an approved source. Where will food items be purchased?

Describe:

5. FOOD TEMPERATURE CONTROL: How will you provide for proper food temperature control (below 45°F and above 135°F)?

Describe:

Cold-holding devices (refrigerators, ice chest, freezer etc.)

Describe:

Hot-holding devices (steam table, warmer, heat cabinet, burner etc.)

Describe:

Cooking devices (stove, oven, burner, grill etc.)

Describe:

Transportation devices – Distance & Length of time food will be transported

Describe:

Food Probe Thermometer (range of 0°-220°F)

6. HANDWASHING: Handwashing facilities (warm water, paper towels and liquid soap) must be provided in each booth.

Describe:

7. UTENSIL WASHING FACILITIES: Utensil washing facilities must be provided in each booth (separate from handwashing facilities).

Describe:

8. DISPOSAL OF WASTE WATER: Waste water (water used for handwashing, washing utensils, bleach solution, cold/hot holding) must not be disposed of on the ground or in the storm drain.

Describe:

9. BOOTH CONSTRUCTION: In the space below, sketch a legible floor plan of the booth which includes all cooking, food preparation, storage, handwashing, utensil washing and waste disposal facilities. All equipment shall be clearly labeled, including BBQ facilities to be set up outside the booth (if applicable). The BBQ facilities shall include a barrier to prevent food contamination and injury to the public. In addition, describe the booth construction, including all materials used for the roof, sides and floors.

FLOOR PLAN:

FEE SCHEDULE

Temporary Food Facility-Packaged Food Only (2 day or more event) - \$25/event

Temporary Food Facility-Food Preparation (2 day or more event) - \$50/event

One Day Event or Non-Profit Charitable Temporary Food Facility – No Fee Charged

Fees are based on the number of event days, not the number of days the facility will be at the event.

I hereby certify that I am the operator or the authorized representative of this Temporary Food Facility, and that this Temporary Food Facility will comply with the provisions of the California Retail Food Code.

APPLICANT SIGNATURE:

DATE:

All Temporary Food Facility applications and permits are approved for each single event - only for the location, operator and dates of that event.

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

Application approved Yes No REHS: _____ Date: _____