

**MODOC COUNTY HEALTH DEPARTMENT
TEMPORARY FOOD FACILITY PERMIT APPLICATION**

Organization/Group Name: _____

Address: _____

Name of Authorized Representative: _____

Name on California Accepted Food Safety Certification Certificate: _____

Provider: _____ **Number:** _____ **Expiration Date:** _____

Phone: _____ **Date(s) of Event:** _____

Name of Event: _____

Sponsor of Event: _____ **Phone Number:** _____

Event Address: _____

Food(s) and/or beverage(s) to be sold: _____

Location(s) of preparation: _____

Date(s) of preparation: _____

Phone Number: _____ **Date:** _____

____ I have read the attached "Temporary Food Facility Requirements" and will comply with all the requirements listed. I understand that failure to comply may constitute a misdemeanor under Section 114395 of the Health and Safety Code, punishable by a fine of not less than twenty-five (\$25.00) dollars, or more than one-thousand (\$1,000) dollars or by imprisonment in the county jail for a term not exceeding six months, or by both fine and imprisonment.

____ I understand that if my facility requires a re-inspection for significant violations there will be a \$300.00 re-inspection fee.

Printed Name

Signature of Authorized Representative **Date**

PERMIT APPLICATIONS IS DUE NO LATER THAN FIVE (5) DAYS PRIOR TO EVENT

Please return to: Modoc County Environmental Health – 202 West 4th Street - Alturas, CA 96101 – (530) 233-6310

Date Received: _____

Revised: 8/2009