



**PLUMAS COUNTY ENVIRONMENTAL HEALTH**

270 County Hospital Road, Ste 127, Quincy, CA 95971

Phone: (530) 283-6355 FAX (530) 283-6241

**APPLICATION FOR PERMIT TO OPERATE A COMMUNITY EVENT**

Permit fees only apply to events lasting two (2) or more days or events hosting three (3) or more permitted temporary/mobile food facilities. **Fee: \$73.00**

Applications will not be processed without all applicable fees and supporting documentation. All three (3) components are **required** and must be submitted to Environmental Health **30 days** prior to the **first day** of the event.

Supporting documentation includes the following:

1. A site plan of the event area and facilities showing the location of each vendor.
2. A list of Vendors planning to attend the event (Sample form on Page 2)

<b>Owner</b>	Name _____ Phone (    ) _____ Cell (    ) _____			
	Physical Address _____		City _____	State _____ Zip _____
	Email Address _____		FAX (    ) _____	
<b>Facility</b>	Name _____ Phone (    ) _____ Cell (    ) _____			
	Physical Address _____		City _____	State _____ Zip _____
<b>Billing</b>	Invoices and Correspondence will be mailed to this address			
	Street/P.O. Box _____		City _____	State _____ Zip _____

**EVENT INFORMATION**

Event Name: \_\_\_\_\_

Type of Event:  Indoor       Outdoor       BOTH (indoor & outdoor)

Event Schedule	Start Date	End Date	Hours of Operation	Vendor Setup Date & Time	Estimated # of Patrons

Location \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**SANITATION INFORMATION**

Maintained by: \_\_\_\_\_

Quantity	Plumbed Toilets	Portable Toilets	Plumbed Hand wash	Portable Hand wash

I HEREBY MAKE APPLICATION FOR A COMMUNITY EVENT PERMIT IN PLUMAS COUNTY IN ACCORDANCE WITH THE STATE HEALTH LAWS AND LOCAL ORDINANCES AND REGULATIONS.

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

<b>FOR OFFICE USE ONLY</b>		
Rec'd By: _____	Date Received: _____	Site Plan Review By: _____
Date Reviewed: _____	Approved By: _____	

