MONTEREY COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH BUREAU

1270 Natividad Road, Salinas 93906	1200 Aguajito Road, Ste 007, Monterey 93940	200 Broadway, Ste 70, King City 93930
(831) 755-4508	(831) 647-7654	(831) 386-6899

APPLICATION TO OPERATE A TEMPORARY FOOD FACILITY
CALIFORNIA RETAIL FOOD CODE – ARTICLE 114381.2

Please complete the following form and attach all information requested. This Application Form and fee must be received by the Monterey County Health Department no less than **10** working days prior to the event. Please submit cash (at office), or a money order or check made out to the " Monterey County Health Department" that has your name, address and phone number professionally printed by a bank. **An incomplete application may prevent the issuance of your Health Permit to operate.**

A.   GENERAL INFORMATION

1. NAME OF EVENT : _____ LOCATION OF EVENT :_____

2. Starting Date & Time : _____ Ending Date & Time: _____

3. Event Coordinator : _____ Phone : _____

4. Name of Food Facility : _____ FA # : _____

5. Owner of Food Facility : _____ Phone : _____

6. Owner's Address : _____ Email: _____

7. On Site Manager / Operator: _____ Phone: _____

B.   TYPE OF FOOD FACILITY (check where applicable)

1.   [   ]   Temporary food booth
2.   [   ]   Food Service Vehicle
3.   [   ]   Mobile Food Preparation Unit
4.   [   ]   Other - Please Explain : _____

C.   LIST ALL FOODS AND BEVERAGES TO BE SERVED: Note, all foods and beverages must be prepared / prepackaged at an approved facility, or on site. *NO HOME PREPARED FOODS OR BEVERAGES ARE ALLOWED.*

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

D. In signing this application, I understand that I am responsible for all aspects as stipulated by the California Retail Food Code (CAL CODE) pertaining to temporary food facilities and/or vehicles (see attachments). Failure to comply with CAL CODE at any time will result in suspension/revocation/refusal of health permit.

Signature of owner/applicant : _____ Date _____

OFFICIAL USE: DO NOT WRITE BELOW THIS LINE.

TO BE COMPLETED BY HEALTH INSPECTOR:

Health Permit Fees:

	Yes	No	NA	
1) Booth enclosure and construction is adequate	[ ]	[ ]	[ ]	Amt. $: _____
2) All operations inside booth (except for open air BBQ units)	[ ]	[ ]	[ ]	# of Booths : _____
3) Hand/Utensil wash system is adequate	[ ]	[ ]	[ ]	Date Paid : _____
4) Refrigeration/cold storage is adequate	[ ]	[ ]	[ ]	Receipt/Invoice # : _____
5) Hot food storage is adequate	[ ]	[ ]	[ ]	Received By: _____
6) Food Temp (stem) thermometer is present	[ ]	[ ]	[ ]	

7) Other : _____

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Temporary Food Facility App.pub

Date: _____ Initials: _____