

Sonoma County Department of Health Services  
Environmental Health & Safety

625 5<sup>th</sup> Street, Santa Rosa, CA 95404  
Phone (707) 565-6565 ❖ Fax (707) 565-6525  
[http://www.sonoma-county.org/health/about/publichealth\\_ehs.asp](http://www.sonoma-county.org/health/about/publichealth_ehs.asp)

**COMMUNITY EVENT ORGANIZER PERMIT APPLICATION**

**APPLICANT:** Answer all questions completely. Sign and date below. Retain last copy. Submit original to Environmental Health & Safety. **Please print or type.**

Event Name \_\_\_\_\_ Phone \_\_\_\_\_

Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ AP# \_\_\_\_\_

Dates \_\_\_\_\_

2-5 Food Vendors     6 or more Food Vendors

Organization name \_\_\_\_\_

Owner(s) name(s) \_\_\_\_\_

Mailing address

Street/PO Box \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

Fee enclosed \$ \_\_\_\_\_

**PLEASE MAIL PAYMENT WITH THIS APPLICATION**

I (We) agree to operate in compliance with all applicable statutes, orders, quarantines, rules or regulations prescribed by state law; a state officer or department; or the Public Health Officer for Sonoma County.

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

Print name(s) \_\_\_\_\_

Original application     Change of ownership     Renewal

**For office use only:**

PE # \_\_\_\_\_ District \_\_\_\_\_ PR # \_\_\_\_\_  Cash     Check/Credit Card

Amount rec'd \$ \_\_\_\_\_ Check/Credit Card Trans# \_\_\_\_\_ Date rec'd \_\_\_\_\_ by \_\_\_\_\_