

**OCCASIONAL EVENT
RETAIL FOOD FACILITY PERMIT**

Sonoma County Department of Health Services – Environmental Health & Safety
625 5th Street, Santa Rosa, CA 95404
Phone (707) 565-6565 ❖ Fax (707) 565-6525
http://www.sonoma-county.org/health/about/publichealth_ehs.asp

Application is made for Food Industry Health Permit(s) in compliance with Sonoma County Code, Chapter 14, or applicable state law.

This permit is used for events not exceeding 3 days in duration within a 90-day period and is only valid when accompanied by a receipt showing proof of payment.

Complete and attach Sketch Sheet 1 and Community Event Food Sales Information.

Please print or type:

Owner name(s) _____

Business name _____

Phone _____ FAX _____ Email _____

Business location _____ City _____ State _____ Zip _____

Mailing address _____ City _____ State _____ Zip _____

Event name _____

Event date(s) _____ **Fee enclosed** _____

I (we) understand that the permit, when issued in compliance with the applicable County or State Code, is valid for the time period listed below. I (we) agree to operate in compliance with all applicable state laws and the rules and regulations set forth by the State Health Services Department or the County Health Officer.

Date: _____ Signature(s): _____

For office use only

Date issued: _____ By: _____

ID # _____ Cat/Level _____ Expiration date: _____

Conditions: _____

Amount received: \$ _____ Cash Check/Credit Card # _____

Rect# _____ Received by: _____ Date: _____