MONO COUNTY HEALTH DEPARTMENT

P.O. BOX 476, BRIDGEPORT, CALIFORNIA 93517 (760) 932-5580 • FAX (760) 932-5284 P.O. BOX 3329, MAMMOTH LAKES, CALIFORNIA 93546 (760) 924-1800 • FAX (760) 924-1801

Louis Molina **Environmental Health Director**

• Location and number of: ~ Restrooms

~ Hand-washing units

• Location and name of each food facility

~ Shared utensil-washing facilities

Community Event Organizer Permit Application

A site plan accompanying this application shall illustrate the following information:

Date of application _____

Janitorial facilitiesRefuse containers		
The applicant shall comply with the Califor Organizer. The application for this permit spermit fee is \$101/event.		
COMMUNITY EVENT ORGANIZER / IN	DIVIDUAL VENDOR FEES	
10 to 14 Days prior to event	\$109.00	
2 to 9 Days prior to event	\$136.00	
Name of event	Date of event	
Location of event		
Event organizer		
Mailing address		
Phone number	Fax number	
Email:		
Estimated attendance Total number of food booths		
Number of hand-washing facilities	Number of portable toilet	S
Name of public water system providing	g water	
Method of solid waste collection and d	isposal	
I affirm that I am the person or representa compliance with California Health and Safe		and I agree that I am responsible for
Signature	Date	e