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

Community Event Organizer Permit Application

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

Date of application

 Shared utensil-washing facilities Janitorial facilities Refuse containers 	
	Health and Safety Code Section 114381.1 Permit Requirements for Event be submitted at least two weeks prior to the event. The event organizer
J 1	IDUAL VENDOR FEES \$109.00 \$154.00
Name of event	Date of event
Location of event	
Event organizer	
Mailing address	
Phone number	Fax number
Email:	
Estimated attendance Total	l number of food booths
Number of hand-washing facilities	Number of portable toilets
Name of public water system providing wat	er
Method of solid waste collection and dispos	al
I affirm that I am the person or representative compliance with California Health and Safety Co	of the organization stated above, and I agree that I am responsible for ode Section 114381.1.
Signature	Date