

MONTEREY COUNTY REGIONAL FIRE DISTRICT PREVENTION DIVISION

COOKING BOOTH PERMIT APPLICATION SEASON: 20____

A.		ENERAL INFORMATION	
		NAME OF EVENT:	
		LOCATION OF EVENT:	
	3.	Start Date & Time: Ending Date & Time:	
	4.	Event Coordinator: Phone #:	
	5.	Name of Food Facility:	
	6.	Owner of Food Facility:	
	7.	Owner's Address:	
	8.	On-Site Manager/Operator:	
B. TYPE OF FOOD FACILITY (check where applicable)		YPE OF FOOD FACILITY (check where applicable)	
		1. Temporary Food Booth	
		2. Food Service Vehicle	
		3. Mobile Food Preparation Unit	
		4. Other – Please Explain:	
	Cor	signing this application, I understand that I am responsible for all aspects as stipulated by the California Fire de, Title 19, and all applicable fire ordinances pertaining to assembly tents (see attachments). Failure to apply with these requirements at anytime will result in suspension/revocation/refusal to issue temporary cooking orth permit.	
Sig	Signature of owner/applicant: Date:		
OFFICIAL USE: DO NOT WRITE BELOW THIS LINE			
Notes:			
In:	spec	tor's Name (Print) Date Signature	