

SALINAS RURAL FIRE DISTRICT
APPLICATION FOR PERMIT
TO OPERATE A TEMPORARY FOOD FACILITY
SEASON: 200__

A. GENERAL INFORMATION

1. NAME OF EVENT: _____ LOCATION OF EVENT: _____
2. Start Date & Time: _____ Ending Date & Time _____
3. Event Coordinator: _____ Phone #: _____
4. Name of Food Facility: _____ Permit #: _____
5. Owner of Food Facility: _____ Phone #: _____
6. Owner's Address: _____
7. On-Site Manager / Operator: _____ Phone #: _____

B. TYPE OF FOOD FACILITY (check where applicable)

1. Temporary food booth
2. Food Service Vehicle
3. Mobile Food Preparation Unit
4. Other – Please Explain: _____

C. In signing this application, I understand that I am responsible for all aspects as stipulated by the California Fire Code, Title 19, and all applicable fire ordinances pertaining to temporary food facilities and/or vehicles (see attachments). Failure to comply with these requirements at anytime will result in suspension/revocation/refusal to issue this Salinas Rural Fire District temporary food facility permit.

Signature of owner/applicant: _____ Date: _____

OFFICIAL USE: DO NOT WRITE BELOW THIS LINE

Notes: _____

Inspector's Name (Print) _____ Date _____ Signature _____