



**IMPERIAL COUNTY PUBLIC HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH & CONSUMER PROTECTION SERVICES
 Main Street Professional Building*797 Main St., Ste B, El Centro, CA 92243,
 Telephone: (760) 482-4203**

**APPLICATION FOR RETAIL FOOD FACILITY PERMIT
 TO OPERATE AT A SPECIAL EVENT IN IMPERIAL COUNTY**

NOTE: *Before the permit to operate is issued and the establishment can open, all applicable Code requirements must be met. An inspection to verify compliance must be made prior to opening.*

Please complete the following - print or type.

Business Name of Facility:	
Business Mailing Address:	
Business Telephone & Contact Person:	
Emergency Contact Name & Telephone	

Identity of Business Owner. Please complete **(A)** if there is one private owner, **(B)** if a partnership, **(C)** if a corporation, or **(D)** if some other type of entity.

(A) Private Owner's Name:		
(B) Private Partnership:	#1 Name	
	#2 Name	
	#3 Name	
	#4 Name	
(C) Corporation Name:		
(D) Other Legal Entity:		

Name the event are you planning to operate at and give date(s):

Provide a brief physical description of your facility, such as whether it is a vehicle or a trailer, booth or room, exterior color, approximate size, etc.

License Plate

Number (if applicable): _____ **State:** _____

Describe types of food or beverage items sold and whether they are prepackaged or prepared within your facility:

If other than prepackaged foods will be provided, how will water be supplied to your food facility and what will be the source of the water?

What will be the source of the foods or ingredients?

How will perishable foods be kept at required cold or hot temperature levels?

If applicable, what will happen to leftover, prepared foods at the end of the day?

Have you operated or do you intend to operate at other times in the current calendar year in Imperial County, California? If so list:

I hereby certify, under penalty of perjury, that the information supplied on this application is true and correct. The permit issued subsequent to this application shall become VOID AND THE FEE FORFEITED upon falsification of any portion of this application. I further certify that should a permit be granted, I shall observe the laws, ordinances, and regulations that are now or may here-in-after be in force by the United States Government, State of California, and/or County of Imperial pertaining to the above named business. I hereby consent to all inspections pertaining to the issuance of this permit and the operation of this business.

Signature of Owner or Authorized Agent:

Date:

If you are the **authorized agent of the business owner**,
please print your name & title.

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REVISED 2/28/01