



PLUMAS COUNTY ENVIRONMENTAL HEALTH

270 County Hospital Road, Ste 127, Quincy, CA 95971

Phone: (530) 283-6355 FAX (530) 283-6241

APPLICATION FOR PERMIT TO OPERATE A COMMUNITY EVENT

Permit fees only apply to events lasting two (2) or more days or events hosting three (3) or more permitted temporary/mobile food facilities. **Fee: \$73.00**

Applications will not be processed without all applicable fees and supporting documentation. All three (3) components are **required** and must be submitted to Environmental Health **30 days** prior to the **first day** of the event.

Supporting documentation includes the following:

1. A site plan of the event area and facilities showing the location of each vendor.
2. A list of Vendors planning to attend the event (Sample form on Page 2)

| | |
|--------------|--|
| Owner | Name _____ Phone () _____ Cell () _____ |
| | Physical Address _____ City _____ State ____ Zip _____ |
| | Email Address _____ FAX () _____ |

| | |
|----------------|--|
| Billing | Invoices and Correspondence will be mailed to this address |
| | Street/P.O. Box _____ City _____ State ____ Zip _____ |

EVENT INFORMATION

| Event Name: _____ | | | | | |
|--|------------|----------|--------------------|--------------------------|------------------------|
| Type of Event: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> BOTH (indoor & outdoor) | | | | | |
| Event Schedule | Start Date | End Date | Hours of Operation | Vendor Setup Date & Time | Estimated # of Patrons |
| | | | | | |
| Location _____ City _____ Zip _____ | | | | | |
| Mailing _____ City _____ Zip _____ | | | | | |

SANITATION INFORMATION

| Maintained by: _____ | | | | |
|----------------------|-----------------|------------------|-------------------|--------------------|
| Quantity | Plumbed Toilets | Portable Toilets | Plumbed Hand wash | Portable Hand wash |
| | | | | |

I HEREBY MAKE APPLICATION FOR A COMMUNITY EVENT PERMIT IN PLUMAS COUNTY IN ACCORDANCE WITH THE STATE HEALTH LAWS AND LOCAL ORDINANCES AND REGULATIONS.

Date: _____ Signed: _____

| | | | |
|----------------------------|----------------------|----------------------------|--|
| FOR OFFICE USE ONLY | | | |
| Rec'd By: _____ | Date Received: _____ | Site Plan Review By: _____ | |
| Date Reviewed: _____ | Approved By: _____ | | |

FACILITY SITE PLAN

| | |
|---------------------|----------------------|
| Coordinator _____ | Phone () _____ |
| Event Name _____ | Start/End Date _____ |
| Event Address _____ | City _____ |

| | | | | | | | | | |
|------|--|----|-----------------------|---------|-------------------|---------|----------|--------|------------------------|
| FV # | Food Vendor # Corresponds With vendor list provided | HW | Hand Wash Facility | ▲ DW | Dish/Ware Wash | ◆ RR | Restroom | ○ J | Janitorial Facility |
|------|--|----|-----------------------|---------|-------------------|---------|----------|--------|------------------------|

A Site Plan must be included with your Community Event Application in order for it to be fully processed. You may complete the page provided or attach something similar, but still containing the required information below:

- a. An indication of North Direction
- b. Approximate scale (e.g., "1 inch = 10 feet".)
- c. Locations of all food vendors, hand wash facilities, restrooms, and Janitorial facilities using the symbols on the Facility Site Plan Sheet provided.

