



## 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: \$84.00, Expedited Fee: \$179.00**

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. If the application is not received **30 days** prior to the first day of the event there will be an **expedited permit fee of \$179.00**.

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 _____				
<b>EVENT INFORMATION</b>					
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 _____					
<b>SANITATION INFORMATION</b>					
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: \_\_\_\_\_

**TEMPORARY/MOBILE FOOD FACILITIES ATTENDING \_\_\_\_\_**(All temporary/mobile food facilities must be permitted by Plumas County  
Environmental Health)

Name of Event

FACILITY NAME	CONTACT PERSON	PHONE NUMBER/EMAIL
Example: <i>Kim's Kickin' Kettle Korn</i>	<i>Kim Jones</i>	<i>123-456-7890 / KJones@gmail.com</i>