

LASSEN COUNTY PUBLIC HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION  
1445 PAUL BUNYAN ROAD, SUSANVILLE, CA 96130  
(530) 251-8528

COMMUNITY EVENT APPLICATION:  
COORDINATOR PERMIT

Name of Event: \_\_\_\_\_ Date(s) & Time(s) of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Total Number of Food Vendors: \_\_\_\_\_

Coordinator's Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

**IF THE EVENT WILL HAVE ANY TEMPORARY FOOD FACILITIES IN OPERATION, PLEASE SUBMIT THE FOLLOWING AT LEAST TWO (2) WEEKS PRIOR TO THE EVENT:**

• **Site Plan**

*The site plan shall show the proposed locations of the food facilities, restrooms, refuse containers, potable water supply faucets, waste water disposal facilities, and all shared ware washing and hand washing facilities.*

• **Food Vendor List and Temporary Food Booth Applications**

*Complete and submit a vendor list with names and addresses.*

• **Toilet Room Facilities**

*At least one toilet facility for each 15 employees within 200 feet of each temporary food facility shall be provided. Each toilet shall be provided with hand washing facilities. Hand washing cleanser and single-use sanitary towels shall be provided at each hand washing facility.*

• **Total # of employees (incl. Volunteers)** \_\_\_\_\_ **Total # of toilet rooms** \_\_\_\_\_  
**Total # of hand washing facilities** \_\_\_\_\_

• **Janitorial Facilities**

*Adequate janitorial facilities shall be provided with hot and cold running water from a mixing valve.*

• **Total number of Janitorial Facilities** \_\_\_\_\_

**AS COORDINATOR, I HAVE READ AND UNDERSTAND THE "Temporary Food Facility Requirements", AND I UNDERSTAND THAT I AM RESPONSIBLE FOR ENSURING COMPLIANCE WITH THE CALIFORNIA RETAIL FOOD CODE BY THE TEMPORARY FOOD FACILITIES OPERATING AT THIS EVENT.**

Applicant/Coordinator Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant/Coordinator Printed Name \_\_\_\_\_ Title: \_\_\_\_\_