



Orange County Health Care Agency
 Environmental Health Division
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APPLICATION FOR HEALTH PERMIT

TEMPORARY FOOD FACILITY

This Section To Be Completed By Applicant- Please Print – Do Not Detach Operator Copy - Health Permits Are NOT Transferable

Name of Event:		Name of Event Coordinator:		Phone:	
Event Location:		City:		Zip:	
Business Name:			Owner's Name (Authorized Representative):		Phone:
Business Address:				City:	Zip:
Cell Phone:		E-Mail Address:		Fax:	
Owner's Mailing Address:				City:	Zip:
Emergency Contact:			Emergency Phone:		
Nature of Business/Type of Food:					
Operation Date(S):		Operation Days: S M T W T F S <input type="checkbox"/> All Days		Operation Hours: ____ Am/Pm To ____ Am/Pm	
Any Food Prepared Before The Event: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Name And Address Of The Approved Facility:					
Name: _____					
Address: _____					
<i>I Hereby Make Application For A Health Permit And/Or Environmental Health Services</i>					
Signature:				Date:	
Print Name:			Title:		
Date of Birth:		Driver's License No:	Social Security No:		Federal Tax ID:

For Office Use Only

SPECIALIST	Permit Approved By:			Date:		
	<i>Permit Valid Only For A Specific Time Period And Location</i>					
Operational Limitation (S): _____						
Permit Number:		Type of Establishment/PE:		HSO Receipt Number:		
FEE	This Application Is For:					
	<input type="checkbox"/> Category I (Prepackaged Food and/or Produce, No Sampling)					
	<input type="checkbox"/> Category II (All Other Foods, Including Poured Beverages, Unpackaged Samples)					
<input type="checkbox"/> Event Coordinator (Administrator, Organizer, Manager of Community Event/ Certified Farmers Market)						
Event Frequency: <input type="checkbox"/> Single <input type="checkbox"/> Recurring		Fee Amount:		<input type="checkbox"/> Fee Amount Paid <input type="checkbox"/> Fee Amount Unpaid		
This Permit Is Valid For: _____						
SPECIFICATIONS	Sampling: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cooking: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cooking Limitation:	
	Operation Specifications Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when will it be submitted:					
	Remarks: _____					
