Orange County Health Care Agency
Environmental Health Division
1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705
Telephone: (714) 433-6000
Fax: (714) 433-6423
Web Site: www.ochealthinfo.com

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 ☐All Days	Operation Hours: ____Am/Pm To ____Am/Pm

Any Food Prepared Before The Event: ☐Yes ☐ No If Yes, Provide Name And Address Of The Approved Facility:

Name: _____

Address: _____

I Hereby Make Application For A Health Permit And/Or Environmental Health Services

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:

Permit Valid Only For A Specific Time Period And Location

Operational Limitation (S): _____

FEE

Permit Number:	Type of Establishment/PE:	HSO Receipt Number:

This Application Is For:
☐Category I (Prepackaged Food and/or Produce, No Sampling)
☐Category II (All Other Foods, Including Poured Beverages, Unpackaged Samples)
☐Event Coordinator (Administrator, Organizer, Manager of Community Event/ Certified Farmers Market)

Event Frequency: ☐Single ☐Recurring	Fee Amount:	☐ Fee Amount Paid ☐Fee Amount Unpaid

This Permit Is Valid For: _____

SPECIFICATIONS

Sampling: ☐Yes ☐No	Cooking: ☐Yes ☐No	Cooking Limitation:

Operation Specifications Submitted: ☐Yes ☐No If no, when will it be submitted:

Remarks: _____