

**Mono County  
Environmental Health**

PO Box 3329, Mammoth Lakes, CA 93546  
760-924-1830, fax 924-1831

PO Box 476, Bridgeport, CA 93517  
760-932-5580

**Temporary Food Facility Permit Application**

**Please submit application and fee (if applicable) at least two weeks prior to event.**

See page 2 for fee schedule

Name of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Sponsor of Temporary Facility \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Will foods served be prepared in a permitted restaurant, community center, or cottage food operation?

Yes          No          If so, name of facility \_\_\_\_\_

**FOODS TO BE SERVED**

Food Item	Source - Where Purchased	Packaged, Bottled or Bulk?

Which of the foods listed above will be prepared at the temporary food facility?

Which foods (if any) will be brought in from a permitted facility?

Please continue . . .

**EQUIPMENT**

List all equipment to be used at the booth or concession, including grills, stoves, refrigerators, hot holding devices, sinks, etc.:

[Empty box for listing equipment]

Will food be protected from customer contamination by sneeze guards?

Yes                  No

Will food be prepared at a back bar, away from customers?

Yes                  No

**FOOD FACILITY CONSTRUCTION**

Describe the construction of the temporary food facility:

Floor \_\_\_\_\_  
Walls \_\_\_\_\_  
Ceiling \_\_\_\_\_

Is the temporary food facility protected from dust contamination on three sides, top, and flooring?

Yes                  No    If not, describe procedure for protection of foods:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TEMPORARY FOOD FACILITY PERMIT FEES**

Community Event Organizer / Individual Vendor	
10 to 14 days prior to event	\$109.00
2 to 9 days prior to event	\$136.00
Annual Temporary Food Facility Permit Fee (July 1 to June 30)	\$408.00
Not Prorated (vendor application required for each event)	

[Fees can be paid at https://heartlandpaymentservices.net/webpayments/MonoPublicHealthSF/bills](https://heartlandpaymentservices.net/webpayments/MonoPublicHealthSF/bills)

**Office Use Only**

Permit fee paid:

Yes                  No

Date \_\_\_\_\_ Receipt # \_\_\_\_\_ Check # \_\_\_\_\_  
Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Amount \_\_\_\_\_

Approval to issue permit

Yes                  No                  Date \_\_\_\_\_ By \_\_\_\_\_

