

**LASSEN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
TEMPORARY FOOD FACILITY PERMIT APPLICATION**

Organization/Group Name: _____
Address: _____
Name of Authorized Representative: _____ **Phone:** _____
Name of Event: _____ **Date of Event:** _____
Event Sponsor: _____ **Phone:** _____
Event Address: _____

Food(s) and/or beverage(s) to be sold: _____

Prepackaged food and drinks only? **Yes** **No**

Location(s) of preparation: _____

Date(s) of preparation: _____

Signature of Authorized Representative: _____ **Date:** _____

PERMIT APPLICATION IS DUE NO LATER THAN FIVE (5) DAYS PRIOR TO EVENT

Please return to:

Lassen County Environmental Health Department, 707 Nevada Street, Suite 5, Susanville, CA 96130

Date: _____

Environmental Health Specialist