

Event Information				
Event Name:				
Location:			City:	
Set Up Date: ___/___/___		Set Up Time:		Event Times:
Event Dates: Starting ___/___/___		Ending: ___/___/___		
Will be at this location for ___ days/dates. If not consecutive days list dates of business here:				
Date:	Date:	Date:	Date:	Date:

**\*This permit is only good for one location, for a maximum of the fourteen (14) days listed above.**

Vendor Information				
Organization/Business Name:				
Address:				
City:			State:	Zip Code:
Phone #:		Fax #:		
Organization Chairperson/Business Owner:				Phone #: (     )     -

**\* Permit payment by cash, cashiers check or money order only. Permit fee is not refundable.**

Applicant's Signature	Printed Name

Sanitarian's Signature	Printed Name

- Application and fee shall be received at least 10 days in advance of the event- Sanitarian must approve menu and booth questionnaire before a permit can be issued.
- Fee is payable by cash, cashier's check, money order or Visa/MasterCard at any Public Health Center office. Applications received less than the 10 days prior to the event opening date will be assessed a late fee equal to 25 % of the fee. The fee is nonrefundable.

For Office Use Only			
Permit Type:		<input type="checkbox"/> Food Festival	<input type="checkbox"/> School
San ID #:		Risk Type:	
Fee Type:		Fee Amount:	
For vendors using multiple booths note Booth #:			
Tax Exempt Number:		Tax Exempt Expiration Date: ___/___/___	
<input type="checkbox"/> Permit issued prior to event.		Receipt #:	

Client Name:	ID:	Date:
--------------	-----	-------

