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COUNTY OF KINGS

DEPARTMENT OF PUBLIC HEALTH

KEITH WINKLER, DEPUTY HEALTH DIRECTOR
Environmental Health Services

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FOOD VENDING PERMIT APPLICATION FOR TEMPORARY EVENTS

NAME OF EVENT: _____

LOCATION: _____ DATE AND START TIME OF EVENT: _____

TYPE(S) OF FOOD THAT WILL BE SERVED: _____

WHERE WILL THE FOOD BE PREPARED? ON-SITE PERMITTED FACILITY IN KINGS COUNTY
OR APPROVED COMMISSARY.* NAME & ADDRESS: _____

* Submit commissary letter along with application

BUSINESS or ORGANIZATION NAME

MAILING ADDRESS: ADDRESS, CITY, ZIP CODE

APPLICANT'S NAME

BUSINESS PHONE

ALTERNATE PHONE

APPLICANT'S SIGNATURE

DATE

EMAIL

CATEGORIES

PERMIT FEE

Temporary Food Facility (multiple events-good for one year)\$250.00
(If a vehicle, license # _____)

Temporary Food Facility (**single event - not to exceed 5 days**) \$90.00
(If a vehicle, license # _____)

Non-Profit **\$0.00

Current Food Vending Permit Holder (FVP # _____)\$0.00

**** Note: The non-profit charitable organization must receive all of the monetary benefit and proof of non-profit status is required.**

YOU MUST DISPLAY A COPY OF THIS APPLICATION AT ALL TIMES DURING THE EVENT.

OFFICE USE ONLY

AMT REC'D _____ REC'D BY # _____ DATE OF PAYMENT _____

PAYMENT TYPE: _____ (1) CASH _____ (2) CHECK - CHECK# _____ DATE _____

CIRCLE ONE OF THE FOLLOWING: RENEWAL / NEW / CHANGE-OF-OWNERSHIP

OWNER # _____ FACILITY # _____ PROGRAM REC # _____

DATE APPROVED & BY OFFICER: _____