

**County of Santa Cruz**

**HEALTH SERVICES AGENCY**

**701 OCEAN STREET, ROOM 312, SANTA CRUZ, CA 95060-4073**

**(831) 454-2022 FAX: (831) 454-3128 TDD/TTY – Call 711**

**ENVIRONMENTAL HEALTH www.co.santa-cruz.ca.us/eh/ehhome.htm**

**EVENT ORGANIZER HEALTH PERMIT APPLICATION**

1. After signing, submit this application along with the current fee and the below attachments to Environmental Health Services at least 2 weeks prior to the event.

2. Attach a list of all food vendors and their contact information with this application.

3. Attach a site map that clearly shows the location of all food booths, and mobile food vendors, public restrooms, refuse containers, potable water supply faucets, all shared hand wash and ware wash facilities and waste water disposal facilities.

**EVENT INFORMATION**

Name of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Event Date(s)/ Time(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Organizer(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Organizer(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organizer’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of food booths/Mobile Food facilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Event Organizer Print Name Date

For Office Use Only

Permit # \_\_\_\_\_\_\_\_\_\_PE 1661/1662 Dist. #\_\_\_\_\_\_\_\_\_\_ Record ID#\_\_\_\_\_\_\_\_\_\_

Single Event $\_\_\_\_\_\_\_\_\_Year Round $\_\_\_\_\_\_\_\_\_Cash/Check #\_\_\_\_\_\_\_\_Check Date\_\_\_\_\_\_\_\_\_\_

APPROVED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_

EHS333(09-14)