



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

Department of Environmental Health
P.O. Box 7909
Riverside, CA 92513-7909

District # _____

Non-Profit # _____

OCR# _____

APPLICATION TO OPERATE A TEMPORARY FOOD FACILITY

Riverside County Code 4.52 and the California Health and Safety Code

THIS APPLICATION IS FOR: [] TEMPORARY EVENT (4-25 DAYS IN A 90 DAY PERIOD)
[] OCCASIONAL EVENT (3 DAYS OR LESS IN A 90 DAY PERIOD)

NAME OF OWNER: _____ DBA: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BUSINESS TELEPHONE: _____ HOME TELEPHONE: _____

EMAIL ADDRESS: _____

NAME AND LOCATION OF EVENT: _____

DATE(S) OF EVENT: _____ NUMBER OF DAYS: _____ DATE SITE PLAN SUBMITTED: _____

SITE PLAN APPROVED BY: _____

*SUBMIT THIS APPLICATION AT LEAST TEN (10) DAYS PRIOR TO THE EVENT.

Table with 3 columns: COMMUNITY EVENTS, TEMPORARY EVENTS, OCCASIONAL EVENTS. Rows include Operational Permit, Prepackaged Booth, and Stationary Mobile Food Preparation Unit.

COMMUNITY EVENT DISCOUNTED PERMIT FEES:

Table with 3 columns: Vendor Range, Temporary Events Fee, Occasional Events Fee. Rows range from 1-5 vendors to 96+ vendors.

*EVENT ORGANIZER FEE

Event organizers will be required to submit a "Temporary Food Facility Community Event Coordinator's Application" form and all applicable fees at least two (2) weeks prior to the event.

Please submit payment WITH YOUR APPLICATION. Permit fees may be paid with cash, or select major credit card (contact area office for details) or money order payable to Riverside County Department of Environmental Health.

I HEREBY APPLY FOR A RECEIPT/PERMIT, WITH APPROPRIATE FEES ATTACHED, TO OPERATE AT THE ABOVE COMMUNITY EVENT.

DATE: _____ OWNER/OPERATOR: _____ SIGNATURE _____ DRIVERS LICENSE# / EXP. DATE _____

For Our Office Locations Call Us at (888)722-4234 or Visit Our Website at www.rivcoeh.org