

**SALINAS RURAL FIRE DISTRICT**  
**APPLICATION FOR PERMIT**  
**TO OPERATE A TEMPORARY FOOD FACILITY**  
**SEASON: 200\_\_**

A. GENERAL INFORMATION

1. NAME OF EVENT: \_\_\_\_\_ LOCATION OF EVENT: \_\_\_\_\_
2. Start Date & Time: \_\_\_\_\_ Ending Date & Time \_\_\_\_\_
3. Event Coordinator: \_\_\_\_\_ Phone #: \_\_\_\_\_
4. Name of Food Facility: \_\_\_\_\_ Permit #: \_\_\_\_\_
5. Owner of Food Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_
6. Owner's Address: \_\_\_\_\_
7. On-Site Manager / Operator: \_\_\_\_\_ Phone #: \_\_\_\_\_

B. TYPE OF FOOD FACILITY (check where applicable)

1.  Temporary food booth
2.  Food Service Vehicle
3.  Mobile Food Preparation Unit
4.  Other – Please Explain: \_\_\_\_\_

C. In signing this application, I understand that I am responsible for all aspects as stipulated by the California Fire Code, Title 19, and all applicable fire ordinances pertaining to temporary food facilities and/or vehicles (see attachments). Failure to comply with these requirements at anytime will result in suspension/revocation/refusal to issue this Salinas Rural Fire District temporary food facility permit.

Signature of owner/applicant: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICIAL USE: DO NOT WRITE BELOW THIS LINE

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Notes: \_\_\_\_\_

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Inspector's Name (Print) \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_