

MONTEREY COUNTY REGIONAL FIRE DISTRICT

**APPLICATION FOR PERMIT
TO OPERATE A TEMPORARY COOKING FACILITY**

SEASON YEAR: _____

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: _____
5. Owner of Food Facility: _____
6. Owner's Address: _____
7. On-Site Manager/Operator: _____

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. By signing this application, I understand that I am responsible for all aspects as stipulated by the California Fire Code, California Code of Regulations Title 19, and all applicable fire ordinances pertaining to temporary food facilities and/or vehicles (see