

County of Sonoma  
Department of Health Services

**ENVIRONMENTAL HEALTH DIVISION**

475 Aviation Blvd., Suite 220  
Santa Rosa, CA 95403

Phone (707) 565-6531 ❖ Fax (707) 565-6525 ❖ www.sonoma-county.org

**OCCASIONAL EVENT  
RETAIL FOOD FACILITY PERMIT**

Application is made for Food Industry Health Permit(s) in compliance with Sonoma County Code, Chapter 14, or applicable state law.

This permit is used for events not exceeding 3 days in duration within a 90-day period and is only valid when accompanied by a receipt showing proof of payment.

Complete and attach Sketch Sheet 1 and Community Event Food Sales Information.

**Please print or type:**

Owner name(s) \_\_\_\_\_

Business name \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

Business location \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Event name** \_\_\_\_\_

**Event date(s)** \_\_\_\_\_ **Fee enclosed** \_\_\_\_\_

I (we) understand that the permit, when issued in compliance with the applicable County or State Code, is valid for the time period listed below. I (we) agree to operate in compliance with all applicable state laws and the rules and regulations set forth by the State Health Services Department or the County Health Officer.

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

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For office use only

Date issued: \_\_\_\_\_ By: \_\_\_\_\_

ID # \_\_\_\_\_ Cat/Level \_\_\_\_\_ Expiration date: \_\_\_\_\_

Conditions: \_\_\_\_\_

Amount received: \$ \_\_\_\_\_ [ ] Cash [ ] Check/Credit Card # \_\_\_\_\_

Rect# \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_