

**COUNTY OF SONOMA DEPARTMENT OF HEALTH SERVICES  
ENVIRONMENTAL HEALTH DIVISION**

475 Aviation Blvd., Suite 220 ❖ Santa Rosa, CA 95403  
(707) 565-6531 ❖ FAX (707) 565-6525 ❖ www.sonoma-county.org/eh

**COMMUNITY EVENT ORGANIZER PERMIT APPLICATION**

**APPLICANT:** Answer all questions completely. Sign and date below. Retain last copy. Submit original to the Environmental Health Division. *Please print or type.*

Event Name \_\_\_\_\_ Phone \_\_\_\_\_

Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ AP# \_\_\_\_\_

Dates \_\_\_\_\_

2-5 Food Vendors  6 or more Food Vendors

Organization name \_\_\_\_\_

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

Mailing address

Street/PO Box \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Fee enclosed \$ \_\_\_\_\_

**PLEASE MAIL PAYMENT WITH THIS APPLICATION**

I (We) agree to operate in compliance with all applicable statutes, orders, quarantines, rules or regulations prescribed by state law; a state officer or department; or the Public Health Officer for Sonoma County.

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

Print name(s) \_\_\_\_\_

Original application  Change of ownership  Renewal

**For office use only:**

Category \_\_\_\_\_ Level \_\_\_\_\_ District \_\_\_\_\_ ID # \_\_\_\_\_ Guar. # \_\_\_\_\_

Renewal mo. \_\_\_\_\_  Seasonal Issued \_\_\_\_\_ REHS approval \_\_\_\_\_ Amount rec'd \$ \_\_\_\_\_

Cash  Check/Credit Card Check/Credit Card Trans# \_\_\_\_\_ Date rec'd \_\_\_\_\_ By \_\_\_\_\_