



**Dear Restaurant Owner/Manager,**

In partnership with the City of Industry, the Industry Business Council is excited to present the **5th Annual Taste of the City** on **Friday, September 19, 2025**, from **5:00 p.m. to 10:00 p.m.** at the **Industry Hills Expo Center**.

We are bringing the community together once again for an evening of great food, local drinks, and outstanding entertainment. This year's event will feature a live performance by **Flashback Heart Attack**, an award-winning 80s tribute band known for its high-energy shows, crowd engagement, and precision sound. They have performed for Oscar and Grammy winners and are sure to deliver an unforgettable experience.

Taste of the City: Food, Brew & Cork Festival is a unique opportunity for restaurants, breweries, and wineries to showcase their offerings to more than 650 attendees, including business leaders and residents from Industry and nearby communities. **This is a 21 and over event.**

As a valued local business, we invite you to participate in this exciting evening. In exchange for publicity and promotion, we ask that you provide sample-sized tastings of your most popular menu items. Interest in this event continues to grow, and we expect another great turnout this year.

Please plan to bring enough samples to accommodate our anticipated attendance. An application form with participation details is attached for your convenience.

If you have any questions, feel free to contact us. We hope you will join us in making this year's Taste of the City another memorable celebration.

**We look forward to hearing from you soon.**

Sincerely,

A handwritten signature in black ink that reads "Joanne McClaskey".

Joanne McClaskey  
IBC Executive Director

**15651 Mayor Dave Way | City of Industry, CA 91744 | 626.968.3737 | [www.IndustryBC.org/TOTC](http://www.IndustryBC.org/TOTC)**





# RESTAURANT APPLICATION

1. Submit Food Vendor Application by **Friday, August 8, 2025.**

- ☐ Complete the **Utility Requirements Form**
- ☐ Complete the **“Exemption Certification for Community Events”** application
- ☐ Complete the **“Community Event Temporary Food Facility”** application
- ☐ Submit all 4 documents along with a copy of the **public health license** and **proof of Liability Insurance.**
- ☐ Applications can be emailed or delivered to:

Cindy Salas | [cindy@industrybc.org](mailto:cindy@industrybc.org) | 626-968-3737  
15651 Mayor Dave Way, City of Industry, CA 91744

2. Event Day

- Vendors must be set-up ready to serve by 4pm
- Venue will open at 1pm to allow vendors to set-up
- Booth break-down will begin promptly at 10pm. Each restaurant must commit to stay for the duration of the event 5pm-10pm (5 hours).

3. Participants must provide:

- Plated food samples for expected number of attendees
- High-resolution logo for event marketing materials (*email to [yvette@industrybc.org](mailto:yvette@industrybc.org)*)
- Marketing materials to promote your business
- Completed “Utility Requirement Form” for electrical needs
- 2 staff members

4. The Industry Business Council will provide the following items:

- Promotional posters including participating vendor logos
- SGV Tribune ad, Yelp promotion, IBC Newsletter articles, and social media promotion of ***Taste of the City*** event
- One parking spot for set-up
- Tasting booth accommodations: Two 8-foot tables and two chairs
- Electricity based on completed “Utility Requirement Form”
- Keepsake tasting glass
- Booth banner with your restaurant logo



# RESTAURANT APPLICATION

Name (printed) \_\_\_\_\_ Email \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Website \_\_\_\_\_ Social Media \_\_\_\_\_

☐

Serving Food Tastings

☐

Serving both Food and Wine or Craft Beer Tastings

ABC License #: \_\_\_\_\_

**I have read the rules and regulations included in the “Restaurant Vendor Application” and I agree to comply with the conditions set forth.**

Signature \_\_\_\_\_

Date \_\_\_\_\_



# UTILITY REQUIREMENTS

This section is used to determine how the Expo Center can best accommodate you. Please fill out the following section as accurately as possible.

- ☐ I will bring my own silent generator and will not require the use of the venue's power.
- ☐ I will require the use of the venue's power.

Please list your EXACT electrical requirements. This is written in either watts or amps on each appliance.

_____ Watts	_____ Amps	_____ Volts
_____ Watts	_____ Amps	_____ Volts
_____ Watts	_____ Amps	_____ Volts

Please describe the type of equipment requiring electricity:

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# TEMPORARY FOOD FACILITY

## Exemption Certification for Community Events

To determine if you meet an exemption, please complete, and sign this form. Under specified conditions, vendor participants, non-profit organizations, blind persons, or veterans who participate in a community event may be exempt from County permit fees and/or the California Retail Food Code (Cal Code) requirements. Submit this form and required documents to [communityevents@ph.lacounty.gov](mailto:communityevents@ph.lacounty.gov) at least 30 days before the planned event. If eligibility is not met and a public health permit application is submitted less than 14 calendar days prior to the start of the event, an expedited processing fee of \$50.00 will be assessed.

COMMUNITY EVENT INFORMATION		
<b>Name of Event:</b>	<b>Date(s) of the Event:</b>	
<b>Address of Event:</b>	<b>City:</b>	<b>Zip Code:</b>
<b>Name of Organizer:</b>	<b>Email:</b>	
<b>Mailing Address:</b>	<b>Phone:</b>	
TEMPORARY FOOD FACILITY APPLICANT INFORMATION		
<b>Name of Applicant:</b>	<b>Phone number:</b>	
<b>Mailing Address:</b>	<b>City:</b>	<b>Zip Code:</b>
<b>Email:</b>		
DECLARATION OF EXEMPTION		
<p>Exemption Categories for TFF food booth/vendor. TFF booth may be exempt from a Public Health Permit (PHP) or California Retail Food Code (Cal Code) requirements based on the following. Check applicable section.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> You are a for-profit entity, such as a permitted food facility and hold a valid Public Health Permit that:               <ul style="list-style-type: none"> <li>• <u>gives food away</u> or <u>sells food</u> at an event with 100% of proceeds going to a nonprofit organization; and</li> <li>• operates not more than three (3) days in a 90-day period; and</li> <li>• received no monetary benefit, other than recognition from participating in an event. You are exempt from permit and fee requirements. Provide a copy of the food facility's PHP.</li> </ul> </li> <li><input type="checkbox"/> You are registered with the IRS as a 501(c) (3) organization and will provide all meals free to the recipients. You are not exempt from a PHP but exempt from the permit fees.  <b>Please provide:</b> IRS 501(c) 3 Determination Letter</li> <li><input type="checkbox"/> You are a veteran and may be eligible for the <b>Veterans Fee Exemption</b>. You are not exempt from a PHP but May be exempt from the fees. Please refer to Application Affidavit Fee Exemption on pages 2-3.</li> <li><input type="checkbox"/> You are a Blind Person having not more than 10 percent (%) visual acuity in the better eye with corrections. Refer to Application and Affidavit Fee Exemption on pages 2-3. You are not exempt from a PHP but exempt from the permit fees.</li> </ul> <p>I Declare and Certify under penalty of law, that the above stated facts and attachments are true and correct pursuant to the California Code of Civil Procedure.</p> <p><b>Print Name:</b> _____ <b>Position/Title:</b> _____</p> <p><b>Signature of Applicant:</b> _____ <b>Date:</b> _____</p>		
FOR DEPARTMENT USE ONLY		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Exemption Certification approved.</li> <li><input type="checkbox"/> Applicant does not meet the requirements for an exemption certification.</li> </ul> <p>DPH EH Reviewer Name: _____ Date: _____</p>		



# Exemption Certification for Community Events

## APPLICATION AND AFFIDAVIT FEE EXEMPTION

For Veterans - This exemption is in accordance with Section 16102 of the California Business and Professions Code, which allows every Soldier, Sailor, or Marine of the United States who is disabled (unable to perform physical labor), honorably discharged, a registered voter, and a resident of the State of California to hawk, peddle, and vend any goods, wares, or merchandise owned by him/her (except spirituous, malt, vinous or other intoxicating liquor) in an incorporated city without payment of any license, tax, or fee whatsoever, whether municipal, county, or state.

For Blind persons - This exemption is in accordance with Los Angeles County Code, Title 8 section 8.04.670 which allows the blind person who otherwise would be entitled to such license or permit if such person files with the county health officer a certificate by a licensed physician and surgeon or by the Department of Rehabilitation of the state of California that has no more than 10 percent visual acuity in the better eye with corrections.

This application/affidavit, together with listed documentation, is to be filed with the County Health Department in conjunction with the application for a Public Health Permit to operate a food sales business.

### SECTION I - APPLICATION

1. BUSINESS NAME: \_\_\_\_\_
2. BUSINESS LOCATION: \_\_\_\_\_
3. MAILING ADDRESS: \_\_\_\_\_
4. PERMIT NUMBER: \_\_\_\_\_
5. BUSINESS OWNER (Veteran): \_\_\_\_\_
6. OWNER ADDRESS: \_\_\_\_\_
7. BUSINESS DESCRIPTION: Describe what kind of foods are sold and the type of facility they are sold from.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 8. BUSINESS ARRANGEMENTS WITH OTHERS:

A. Describe ownership of products and how they are paid for.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Describe franchises, consignment commission, and number of employees.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 9. SOURCE OF FOOD SUPPLIES: Name and location.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 10. PROOF OF OWNERSHIP OF BUSINESS: (SUBMIT COPIES)

Business Lease: \_\_\_\_\_ Business License: \_\_\_\_\_ Board of Equalization: \_\_\_\_\_



## Exemption Certification for Community Events

### 11. VERIFICATION OF OWNER IDENTITY:

Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Other: \_\_\_\_\_

#### For VETERAN'S OPERATING IN INCORPORATED CITIES:

Please provide all the following:

- (A) Proof of Disability: copy of a California State Disability Insurance Office check stub, copy of payment history from the California State Insurance Office or a physician's statement stating the veteran's inability to perform physical labor (**specific disability percentage rating must be met if the event is held in an incorporated city**)
- (B) Copy of honorable discharge papers (DD214) or other evidence of honorable release from U.S Armed Services
- (C) Proof as a registered voter (from the Registrar of Voters) **and** proof as a resident of California (CA Driver's License/Card)

#### For VETERAN'S OPERATING IN UNINCORPORATED CITIES:

Please provide the following:

- (A) Copy of honorable discharge papers (DD214) or other evidence of honorable release from U.S Armed Services

#### For BLIND PERSON

Please provide Certification from the following:

- (A) By a licensed physician and surgeon **OR**
- (B) By the Department of Rehabilitation of the state of California that the blind person is having not more than 10 percent (%) visual acuity in the better eye with corrections

### SECTION II – AFFIDAVIT

For Veterans- I UNDERSTAND THAT I AM NOT ELIGIBLE FOR CONSIDERATION FOR A VETERANS' EXEMPTION IF I ENGAGE IN THE SALE OF SPIRITUOUS, MALT, VINOUS, OR OTHER INTOXICATING LIQUOR. Initials \_\_\_\_\_

THE FOREGOING IS TRUE OF MY OWN KNOWLEDGE, EXCEPT AS TO THE MATTERS WHICH ARE THEREIN STATED ON MY OWN INFORMATION AND BELIEF, AND AS TO THOSE MATTERS, I BELIEVE TO BE TRUE.

I DECLARE AND CERTIFY UNDER PENALTY OF PERJURY, BY THE LAW OF THE STATE OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT.

Date: \_\_\_\_\_ Operator's Signature: \_\_\_\_\_

### SECTION II B For Disabled Veterans

For businesses that will operate only in the unincorporated areas of Los Angeles County:

I, \_\_\_\_\_, WILL OPERATE MY MOTORIZED ITINERANT BUSINESS ONLY IN THE UNINCORPORATED AREAS OF LOS ANGELES COUNTY.

Operator's Signature \_\_\_\_\_

#### OFFICE USE ONLY:

APPROVED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_





# TEMPORARY FOOD FACILITY (TFF) APPLICATION

## ENVIRONMENTAL HEALTH - COMMUNITY EVENTS PROGRAM

5050 Commerce Drive, Baldwin Park, CA 91706

[www.publichealth.lacounty.gov/eh](http://www.publichealth.lacounty.gov/eh) – (626) 430-5320



**Submit 30 days in advance of the event.**

*Applications submitted less than 14 calendar days prior to the start of the event will be subject to a late processing fee.*

*Applications submitted in less than two business days before the event will not be processed.*

**Type or Print in Black or Blue INK. Enter N/A where requested information does not apply. Do not leave blank fields.**

TFF OPERATOR INFORMATION		EVENT INFORMATION	
Name of TFF Booth:		Event Name:	
Name of Operator/Owner:		Date (s) of Event:	
Mailing Address:		Event Address:	
Contact Phone Number:		Event Location: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	
Email:		Hours of TFF Operation Set Up Hours: _____ to _____ Event Hours: _____ to _____	
Name of Person-in Charge: _____		Temporary Food Facility Type: <input type="checkbox"/> Food Booth <input type="checkbox"/> Food Truck <input type="checkbox"/> Food Cart <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Annual Food Booth	
Cell Phone:			
Event Organizer's Name:		Number of Food Employees:	
Event Organizer' Contact Number:		Event Frequency: <input type="checkbox"/> Single Event <input type="checkbox"/> Recurring Event	
FOOD OPERATION			
<input type="checkbox"/> Pre-packaged food only <input type="checkbox"/> Pre-packaged food with sampling <input type="checkbox"/> Food demonstration <input type="checkbox"/> Food preparation (all food preparation is to be completed within the food booth or at a permitted food facility)			
FOOD BOOTH CONSTRUCTION			
Food preparation booths must be constructed with 4 sides, a washable floor and overhead protection. Prepackaged food booths require a washable floor and overhead protection.			
Overhead Covering: <input type="checkbox"/> Canvas <input type="checkbox"/> Wood Other: _____			
Floor materials: <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Wood Other: _____			
Walls materials: <input type="checkbox"/> Screens <input type="checkbox"/> Canvas <input type="checkbox"/> Wood Other: _____			
Booth supplied by: <input type="checkbox"/> TFF Operator <input type="checkbox"/> Event Organizer <input type="checkbox"/> Rent from: _____			
Booth Size: _____			
Size of Pass Thru Window: _____			



### FOOD TO BE SOLD/SERVED

All food preparation shall be prepared either in the temporary food facility/booth or at an approved food facility.

<b>List food items to be sold/served:</b> (BBQ chicken, burrito, pizza, cookies, burgers, candies, churro, coffee, etc.)	<b>Check if sold as commercially pre-packaged:</b> (In original package or unopened container)	<b>Identify types of preparation:</b> (cutting, washing, cooking, reheating, portioning, assembly, etc.)	<b>Identify food preparation location</b> (on site, restaurant, shared kitchen, commissary, food processing, etc.)	<b>Identify type of temperature control equipment</b> (steam table, ice chests, refrigerator, chafing dish, crockpot, etc.)
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

### FOOD PREPARATION AT OTHER LOCATION

All food preparation must be completed either in the temporary food facility or at an approved, permanent food facility that capable of supporting the type of food preparation completed. A Shared Kitchen Agreement form must be completed. If the operator of the approved, permanent food facility does not accept liability for all food production, a separate Dependent Food Operator Permit is required. Identify any facility where advanced preparation will take place.

☐ Shared Kitchen Agreement was submitted.

If the approved facility/kitchen is not located in LA County. Provide a copy of the health permit.

☐ Dependent Food Operator Permit is required

**Name of Facility:** \_\_\_\_\_ **Permit/PR #:** \_\_\_\_\_

**Facility Address:**

**Method of food temperature control used during transportation:**

### HOT/COLD HOLDING EQUIPMENT

Identify methods of maintaining food hot (135°F) or cold (41°F/45°F) during hours of operation.

**Cold Holding:**

- ☐ Mechanical refrigerator      ☐ Ice Chest      ☐ Cold Table  
☐ Other (Specify): \_\_\_\_\_

**Hot Holding:**

- ☐ Steam Table      ☐ Electric Soup Warmer  
☐ Chafing Dishes      ☐ Electric Rice Cooker/Warmer  
☐ Hot Holding Cabinet (Cambro)      ☐ Hot Dog Roller Grill  
☐ Heat Lamp      ☐ Other (Specify): \_\_\_\_\_

At the end of the operating day, all potentially hazardous foods that are held between 42°F and 45°F **shall be destroyed.**

At the end of the operating day, all potentially hazardous foods held at or above 135°F **shall be destroyed.**

*I agree to voluntarily destroy any and all potentially hazardous food(s) held between 42°F and 45°F and/or held at or above 135°F at the end of the operating day in a manner approved by the enforcement agency.*

\_\_\_\_\_ Initial

### EQUIPMENT/UTENSILS

**Will multi-use kitchen utensils be used inside the booth for food preparation?**

- ☐ Yes (complete Utensil Washing section and Liquid Waste Removal section)    ☐ No      ☐ Not Applicable

**Utensil Washing**

(Detergent, sanitizer, and test strips must be available at 3-compartment sink)

- ☐ 3-compartment sink within food booth      ☐ Shared 3-compartment sink provided by Organizer

Sanitizer to be used (test strips must be available to test sanitizer concentration)

- ☐ Chlorine      ☐ Quaternary Ammonia      ☐ Iodine

**Identify all equipment that will be used for food preparation at the food booth:**

- ☐ Barbecue Grill    ☐ Range Burner    ☐ Deep Fryer    ☐ Griddle    ☐ Charbroiler    ☐ Mixer    ☐ Blender  
☐ Other (Specify): \_\_\_\_\_

*Please contact the Fire Department if using propane, open-flame equipment, charcoal, or wood for safety requirements.*

**Identify all utensils (knives, scoops, spatulas, bowls) that will be used for food preparation at the food booth:**

Specify: \_\_\_\_\_

**Multi-use eating and drinking utensils are prohibited (plates, glassware, etc.).**

### FOOD PROTECTION

Identify methods of protecting foods from customer contamination.

- ☐ Sneeze Guards      ☐ Hinged Chafing Dishes      ☐ Only pre-packaged food or bottled drink  
☐ Prepared and stored away from the customers      ☐ Individual portion samples  
☐ Other (Specify): \_\_\_\_\_

**Identify overnight food and utensil storage location for events longer than 1 day:** \_\_\_\_\_

*Food and utensils must be stored overnight in a secure, vermin proof and weatherproof location. Potentially hazardous foods must be stored overnight under mechanical refrigeration.*

### HANDWASHING FACILITIES

Handwashing sinks are required in a TFF that handles open food.

Handwashing sinks with warm and cold running water, hand soap, single-use towels, and a trash receptacle must be provided at all handwashing sinks.

Provided by:

☐ Event Organizer      ☐ Food Operator      ☐ Pre-packaged only (not required)

**Type of handwashing sink that will be used:**

- ☐ Permanently plumbed sink with hot and cold water under pressure  
☐ Self-contained portable sink (with potable water and wastewater holding tanks)  
☐ Gravity-fed warm water (100°F) with spigot and catch basin may be approved for events that operate for 3 day or less and *wastewater must be properly disposed*.

**Water Source:** \_\_\_\_\_ **Volume of Water:** \_\_\_\_\_ **Gallons**

### FACILITY REQUIREMENTS

**Electrical Supply**

Provided by: ☐ Event Organizer      ☐ Food Operator

If the event is scheduled for more than one day, will the TFF(s) have continuous electricity to power refrigerator(s) overnight?

☐ Yes      ☐ No

**Refuse/Trash Removal**

A trash receptacle must be provided inside the TFF booth

Is the event organizer providing refuse/trash services?

☐ Yes      ☐ No

If no, provide refuse service information:

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Frequency of trash/refuse removal \_\_\_\_\_ times/per day

**Toilet Facilities for Food Employees**

Provided by: ☐ Event Organizer      ☐ Food Operator

**Liquid Waste Removal**

Is the event organizer providing liquid waste removal service from all areas of the event including within the booth?

☐ Yes      ☐ No

If no, provide liquid waste removal service information:

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Frequency of liquid waste removal \_\_\_\_\_ times/per day

## TEMPORARY FOOD OPERATOR ACKNOWLEDGEMENT

As the Temporary Food Facility Owner/Operator, you acknowledge that you understand your role and responsibilities by initialing the following statements:

- \_\_\_\_\_ 1 Rapid reheating/cooking devices (e.g., flat grill, BBQ) must be available and capable of reheating food to 165°F within 2 hours. Steam tables, heat lamps, and crockpots are not designed for rapid reheating.
- \_\_\_\_\_ 2 Hot-holding devices (e.g., steam table, heat lamp) must be capable of holding hot foods at or above 135°F at all times.
- \_\_\_\_\_ 3 A probe thermometer for checking internal food temperatures must be on-site and available for use at all times.
- \_\_\_\_\_ 4 A handwashing station available and equipped with warm water (100-108°F), a spigot providing a continuous stream of water that leaves both hands free to allow for vigorous rubbing and supplied with soap and single use paper towels throughout the event. A catch basin is required to be set up **within** the food preparation area and easily accessible for use before beginning any food preparation.
- \_\_\_\_\_ 5 All food handlers have been trained in food safety.
- \_\_\_\_\_ 6 All booths must have overhead protection, and open food preparation areas must be fully enclosed to protect the food from outside contamination.
- \_\_\_\_\_ 7 A smooth and easily cleanable floor will be used if the booth is located on dirt or grass (booths located on asphalt/concrete do not require additional flooring).
- \_\_\_\_\_ 8 The applications must be submitted at least 14 days before the event. All late applications will be assessed a late fee at the time of processing. I understand a supplemental fee will be invoiced, in addition to the required permit fee, if the application submittal and/or modifications to the original application are submitted less than 14 days before the event start date. Modifications include, but are not limited to, correcting incomplete applications for changes to the menu, participating vendors, or warewashing facilities.
- \_\_\_\_\_ 9 No ill employees will be working with food, food contact surfaces, or equipment.
- \_\_\_\_\_ 10 I understand that failure to meet the conditions approved in this application may result in the suspension of approval to operate the event, suspension of the approval to operate the affected food booths, and/or may result in the filing of misdemeanor charge. *California Retail Food Code Section 114395*
- \_\_\_\_\_ 11 I understand that I am responsible for obtaining approval from all applicable agencies, including the local fire department, planning department and Alcohol Beverage Control.
- \_\_\_\_\_ 12 I understand that I will be charged up to three times the permit fee if found operating without a valid health permit. I understand that permits are non-transferable.
- \_\_\_\_\_ 13 I understand that once the application is reviewed, the permit fee is non-refundable, including any late penalty fee.

I declare under penalty of perjury that to the best of my knowledge and belief, the statements made herein are correct and true. I consent to all necessary inspections made according to law and incidental to the issuance of this permit and the operation of this business. I understand and hereby consent to any information I provide on this permit application to be considered a public record subject to disclosure under the California Public Record Act.

### Application Completed By:

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

Date Application Received: _____ <input type="checkbox"/> Application Reviewed	Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for denial: _____	Reviewer Signature _____ Date: _____	
Amount Paid: _____	Invoice #: _____		