



# Lassen County Environmental Health Department

1445 Paul Bunyan Road ▪ Susanville, CA 96130  
Phone (530) 251-8528 Fax (530) 251-2668

## Mobile Food Facility Permit Application

(one application per unit)

Business Name: \_\_\_\_\_

Commissary Street Address: \_\_\_\_\_

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

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

Business Owner: \_\_\_\_\_

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

Email: \_\_\_\_\_

Business Operator (if different): \_\_\_\_\_

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

Email: \_\_\_\_\_

Mail All Correspondence to: \_\_\_\_\_

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

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

Brief Description of Food Service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vehicle License #: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_

Water Supply: \_\_\_\_\_ Waste Water Disposal Location: \_\_\_\_\_

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

**For Office Use Only - Do not write below this line**

Business Type: \_\_\_\_\_

Food Facility Code #: \_\_\_\_\_

Food Facility Permit #: \_\_\_\_\_