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Director



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COUNTY OF INYO
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 427
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**APPLICATION FOR COMMUNITY EVENT ORGANIZER FOOD
FACILITIES PERMIT**

Name of Event _____

Date of Event _____

Event Organizer _____

Mailing Address _____

Telephone _____

Please list the food purveyors you expect:

For office use only:

Amount paid _____ *Receipt #* _____

Date paid _____