



## TEMPORARY EVENT - COORDINATOR ADDENDUM

This form is an addendum to the Temporary Event - Coordinator Application that will need to be uploaded to the portal when you submit your application.

All Vendor Applications must be submitted with a Coordinator Application as one complete packet with full payment at least 14 days before the start of the event. Incomplete and/or late applications will incur late fees or be denied.

### DAY OF EVENT DETAILS

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

WILL ELECTRICAL SERVICE BE PROVIDED FOR FOOD VENDORS?  YES If YES, what is the source?  Public Utility  
 NO  Generator

POTABLE WATER SOURCE:  Public water supply  Approved private well

#### RESTROOM FACILITIES

*One toilet and one handwash sink are required per 15 food workers. Toilets must be located within 200 feet of all food booths. Handwash facilities must be located adjacent to toilets and supplied with warm water, liquid hand soap, and paper towels at all times.*

Total number of toilets: \_\_\_\_\_

Total number of handwash sinks: \_\_\_\_\_

Maximum distance from food booths: \_\_\_\_\_ ft.

WASTEWATER DISPOSAL:  Plumbed to sewer  Approved holding tank

#### GARBAGE AND GREASE REMOVAL/DISPOSAL:

Location: \_\_\_\_\_

Company: \_\_\_\_\_

### EVENT COORDINATOR ACKNOWLEDGMENT

I understand that I may be asked to provide additional information in order for the application to be reviewed and approved. Failure to provide required information will delay or prevent approval of the event/vendor(s).

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 charges (*California Retail Food Code Section 114395*).

I am responsible for obtaining approval from all applicable agencies, including the local fire department, planning department, and Alcoholic Beverage Control.

I declare under penalty of perjury that to the best of my knowledge, the statements made herein are correct and true.

I consent to all necessary inspections made pursuant to law and incidental to the issuance of this permit and the operation of business.

**I understand that I will be charged up to three times the permit fee if found operating without a valid health permit. Fees are non-refundable and permits are non-transferable.**

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_