



TEMPORARY EVENT - COORDINATOR 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.

COORDINATOR INFORMATION

ORGANIZATION NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

COORDINATOR NAME: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____ PHONE NUMBER (day of event): _____

FEE EXEMPTION (if applicable):

Submit supporting documents

A fee exemption is **not exempt from penalties due to late submissions, etc.**

VETERAN (DD Form 214) CHARITABLE ORGANIZATION [501(C)(3)] BLIND (CA DOR)

To see the most current fee schedule please visit smchealth.org/ehfees.

EVENT INFORMATION

NAME OF EVENT: _____ DATE(S) OF EVENT: _____

EVENT ADDRESS: _____ CITY: _____

EVENT WEBSITE: _____ EST. ATTENDANCE: _____

HOURS OF OPERATION: _____ VENDOR SET UP TIME: _____

EVENT HELD AT: OPEN FIELD STREET/PARKING LOT ENCLOSED BUILDING OTHER: _____

WILL THERE BE A PLANNING MEETING FOR FOOD VENDORS? YES NO

If YES, enter the date, time, and location: _____

SITE MAP

SUBMIT SITE MAP WITH LEGEND SHOWING THE LAYOUT OF THE EVENT INDICATING THE LOCATION OF THE FOLLOWING:

1. Food vendor booths, kitchens, trucks and carts
2. Potable water supply
3. Toilets with hand washing facilities
4. Garbage and grease receptacles for food vendors
5. Any shared hand washing and ware washing facilities
6. Location of animals, rides, and attractions (if applicable)

NUMBER OF VENDORS PER TYPE

RISK CATEGORY 1A - PRE-PACKAGED FOODS/BEVERAGES (no sampling)	
RISK CATEGORY 1B -PRE-PACKAGED FOODS/BEVERAGES (with sampling)	
RISK CATEGORY 2 - HIGH RISK, WITH FOOD PREP (booth, kitchen, or truck/cart)	
SAN MATEO COUNTY PERMITTED Mobile Food Facilities (MFF) (trucks or carts not submitting applications)	
TOTAL:	

DAY OF EVENT DETAILS

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 CHECKLIST

Complete at least 14 calendar days before the start of the event.

- 1. Complete the Coordinator Application.
- 2. Submit all food vendor applications with the Coordinator Application as one packet with full payment to Environmental Health Services. Vendor applications will only be accepted with the Coordinator's packet, no additions or late applications will be accepted.
- 3. Attach a site map of the event with legend and corresponding icons or labels.
- 4. Attach a complete list of food vendors.
Include all booths, kitchens, and mobile food facilities (trucks/carts). Mobile food facilities must have a valid permit with San Mateo County, and out-of-county mobile food facilities must apply as a Temporary Event Vendor.
- 5. Attach supporting documentation for coordinator and food vendors requesting fee exemption.
Fee exemption is subject to approval by Environmental Health Services.

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: _____