



TEMPORARY EVENT - FOOD VENDOR APPLICATION

The Event Coordinator must submit all food Vendor Applications with full payment *as one packet* at least 14 days before the event. Any applications received directly from a food vendor will not be accepted. Incomplete and/or late applications will incur late fees or be denied.

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

BUSINESS INFORMATION

NAME OF BOOTH: _____ CONTACT NAME: _____ PHONE: _____

OWNER: _____ EMAIL: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PERMIT TYPE:

- RISK CATEGORY 1A - PRE-PACKAGED FOODS/BEVERAGES (no sampling)
- RISK CATEGORY 1B -PRE-PACKAGED FOODS/BEVERAGES (with sampling)
- RISK CATEGORY 2 (High Risk - w/ Food Prep)

FACILITY TYPE:

- TEMPORARY BOOTH
- KITCHEN
- MOBILE FOOD FACILITY
(push cart/food truck/trailer)

FEE EXEMPTION (if applicable):

Submit supporting exemption documents.

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

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

DAY OF EVENT DETAILS

PERSON IN CHARGE OF BOOTH: _____ CELL PHONE #: _____

(Must be present at all times)

A. DEMONSTRATION OF KNOWLEDGE

If preparing, handling, or serving non-prepackaged food, the person in charge must demonstrate that he or she has adequate knowledge of food safety principles as they relate to the specific food facility operation. Attach a copy of food safety quiz, card, or certificate.

- CERTIFIED FOOD MANAGER CERTIFIED FOOD HANDLER COMPLETED SAFETY QUIZ
- N/A (only pre-packaged non-potentially hazardous food)

B. BOOTH CONSTRUCTION

Food preparation booths must be fully enclosed, constructed with four sides, and include a washable floor and overhead protection.

Pre-packaged food booths require a washable floor and overhead protection. Describe the materials that will be used for the booth.

WALLS: _____ FLOOR: _____

OVERHEAD PROTECTION: _____ N/A, FOOD EVENT IS INDOORS

C. FOOD PROTECTION

Identify methods of protecting foods from customer contamination (e.g., condiments, samples, etc.).

- SNEEZE GUARDS HINGED COVERS OVER FOOD PROTECTED DISPENSERS SINGLE-SERVE PACKETS
- ALL FOODS ARE PREPACKAGED OTHER: _____

D. ALTERNATE SINK EQUIPMENT

DESCRIBE HAND WASH STATION IN BOOTH: _____

DESCRIBE WAREWASH STATION OR ALTERNATIVE PROCEDURE: _____

E. AVAILABILITY OF FACILITIES

WHAT IS YOUR POTABLE WATER SOURCE? _____

WHERE WILL YOU DISPOSE OF YOUR GARBAGE? _____

WHERE WILL YOU DISPOSE OF YOUR WASTE WATER? _____

F. TEMPERATURE CONTROL

Describe equipment/methods for ensuring proper holding temperatures during transport and at the event.

COLD HOLDING DEVICES TO HOLD FOOD BELOW 45° F
(e.g., refrigerator, ice chest, etc.) _____

HOT HOLDING DEVICES TO HOLD FOOD ABOVE 135° F
(e.g., steam table, crock-pot, etc.) _____

COOKING AND REHEATING EQUIPMENT
(e.g., gas grill, microwave, etc.) _____

NOTE: ACCURATE METAL-STEM PROBE THERMOMETERS ARE REQUIRED IN ALL BOOTHS.

G. FOOD/DRINKS TO BE SERVED

List all menu items, attach additional pages if necessary.

Menu Item e.g., teriyaki chicken	Describe how food will be transported e.g., cambro insulated container	Describe any off-site preparation of food e.g., cut and marinated	Describe preparation of this item at the event e.g., cooked on BBQ grill	Describe method for temperature control e.g., ice chest, steam table

H. OFF-SITE FOOD PREPARATION/STORAGE

Food prepared at home is **not** allowed. All food prepared or stored prior to the temporary event must be done at a **permitted** food facility (e.g., commissary, restaurant, or church kitchen), an approved Cottage Food Operation (CFO), OR all food must be purchased on the day of the event.

Select one check box below.

PERMITTED FOOD FACILITY AGREEMENT:

I (Food Facility Owner) hereby allow _____ to use my permitted food facility for food preparation, storage, and sanitizing equipment on the following date(s): _____.

FACILITY NAME: _____ **OWNER:** _____ **PHONE:** _____

ADDRESS: _____ **CITY:** _____ **COUNTY:** _____

NAME AND TITLE: _____ **SIGNATURE:** _____ **DATE:** _____

PROCESSED FOOD REGISTRATION (PFR) - Attach a copy of PFR Certificate.

COTTAGE FOOD OPERATION - Attach a copy of CFO registration or permit. **Approved food products only.**

N/A - No food will be prepared or stored off-site. All food will be purchased on the day of the event and receipts will be available for inspector.

By signing below, I declare under penalty of perjury that to the best of my knowledge and belief, the statements made herein are correct and true. I hereby consent to all necessary inspections pursuant to law and incidental to the issuance of this permit and the operation of the business.

I understand that I will be charged up to three times the permit fee if found operating without a valid health permit on-site at any event.

I understand that the fees are non-refundable and permits are non-transferable.

SIGNATURE: _____ **NAME AND TITLE:** _____ **DATE:** _____