



# TEMPORARY EVENT - FOOD VENDOR APPLICATION

The Event Coordinator must submit all Food Vendor applications and full payment as one packet at least 14 days before the event. Any applications received directly from a Food Vendor and/or within 14 days of the event will not be accepted. Incomplete applications will not be accepted.

NAME OF EVENT: \_\_\_\_\_ DATE(S) OF EVENT: \_\_\_\_\_

## BUSINESS INFORMATION

NAME OF BOOTH: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

If you have previously operated in San Mateo County, provide your Record ID #: **PR or BO** \_\_\_\_\_  unable to find

**PERMIT TYPE:**  RISK CATEGORY 1 (LOW RISK - NO FOOD PREP)  
 RISK CATEGORY 2 (HIGH RISK - W/FOOD PREP)

**FACILITY TYPE:**  TEMPORARY BOOTH  KITCHEN  
 MOBILE FOOD FACILITY (push cart/food truck)

FEE EXEMPTION (submit supporting documents):  VETERAN (DD Form 214)  CHARITABLE ORGANIZATION [501(C)(3)]  BLIND (CA DOR)

To see the most current fee schedule please visit [www.smchealth.org/ehfees](http://www.smchealth.org/ehfees) or click [here](#).

## DAY-OF-THE-EVENT DETAILS

PERSON IN CHARGE OF BOOTH: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

**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.

CERTIFIED FOOD MANAGER  CERTIFIED FOOD HANDLER  
Name of Certified Person: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Expiration: \_\_\_\_\_  
 ATTACHED THE COMPLETED FOOD SAFETY QUIZ  N/A (only pre-packaged non-potentially hazardous food)

**BOOTH CONSTRUCTION** Food preparation booths must be fully enclosed, constructed with four sides, 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

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

SNEEZE GUARDS  HINGED COVERS OVER FOOD  PROTECTED DISPENSERS  
 SINGLE-SERVING PACKETS  ALL FOODS ARE PREPACKAGED Other: \_\_\_\_\_

## ALTERNATE SINK EQUIPMENT

DESCRIBE HAND WASH STATION IN BOOTH: \_\_\_\_\_

DESCRIBE WAREWASH STATION OR ALTERNATIVE PROCEDURE: \_\_\_\_\_

## AVAILABILITY OF FACILITIES

WHAT IS YOUR POTABLE WATER SOURCE? \_\_\_\_\_

WHERE WILL YOU DISPOSE OF YOUR GARBAGE? \_\_\_\_\_

WHERE WILL YOU DISPOSE OF YOUR WASTE WATER? \_\_\_\_\_

## TEMPERATURE CONTROL Describe equipment/methods for ensuring proper holding temperatures during transport and 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.**

## 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

## OFF-SITE FOOD PREPARATION/STORAGE (select one)

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.

**FOOD FACILITY AGREEMENT:** I hereby allow \_\_\_\_\_ to use my permitted food facility for food preparation, storage, and sanitizing equipment on the following date(s): \_\_\_\_\_.

Completed by  
food facility Owner

FACILITY NAME: \_\_\_\_\_ OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

NAME AND TITLE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**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 MADE 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: \_\_\_\_\_