

## Public Health Services Environmental Health Division – Food Safety Program/Special Events

## OVERVIEW OF TEMPORARY FOOD FACILITY (FOOD BOOTH) REQUIREMENTS

Anytime food or drinks is sold or given away to the public at a community event, a health permit is required. The type of health permit and the requirements for the operation of a food booth will depend on the type of food that is being offered.

A community event is an event that is conducted for not more than 25 consecutive or nonconsecutive days in a 90-day period and that is of civic, political, public, or educational nature, including state and county fairs, city festivals, circuses and other public gathering events approved by Orange County Environmental Health (OCEH). A grand opening, a store give-away event, or any other event that is designed to increase, celebrate, or promote a business is **not** a community event.

This handout summarizes the California Retail Food Code requirements and is intended to assist you in providing safe and wholesome food to the public and preventing foodborne illness.

All food vendors **MUST** comply with the following requirements during preparation and all hours of operation. All TFFs are subject to inspection by OCEH. Failure to comply with these operating requirements may result in a closure until violations are corrected.

| Booth<br>Requirements                     | Prepackaged Food/Beverages Only  | Prepackaged Food/Beverages w/Sampling  | Unpackaged Food/Beverages  |  |  |  |
|---|--|--|--|--|--|--|
| Requirements                              | Category 1A  | Category 1B  | Category 2   |  |  |  |
| Person-in-<br>Charge<br>Identification    | <ul> <li>Available at all times during booth operation</li> <li>Demonstrate adequate knowledge of food safety principles as they relate to the specific food operation</li> <li>Responsible for all food worker actions related to food handling and booth operation</li> <li>Each food booth is to have the following information posted and clearly visible to customers:</li> </ul> |  |  |  |  |  |
| of TFF                                    | <ul> <li>Booth Name (3 inch lettering</li> <li>Name of Operator, City, State</li> <li>Health Permit</li> </ul>   |  |  |  |  |  |
| Food Booth                                | Overhead protection only   | Overhead protection only     Concrete, asphalt, or wood flooring   | <ul> <li>Full Enclosure required</li> <li>Approved food compartments may be used in lieu of a full enclosure</li> <li>Concrete, asphalt, wood flooring (no grass)</li> </ul> |  |  |  |
|   |  |  |  |  |  |  |
| Handwashing sink equipped with single use | ink equipped continuous stream of water that leaves both hands free to allow vigord wash sink must be equipped with: single use soan paper towels and to   |  |  |  |  |  |
| soap and<br>paper towels                  |  | For events that operate more than 3 days, handwashing sink must be capable of p warm water under pressure. |  |  |  |  |

Email: <u>EHSpecialEvents@ochca.com</u> Web Site: <u>www.ocfoodinfo.com/tff</u>

| Booth<br>Requirements<br>Continued                                   | Prepackaged Food/Beverages Category 1A   | Prepackaged Food/Beverages w/Sampling Category 1B   | Unpackaged Food/Beverages Category 2  |  |  |  |  |
|--|--|---|---|--|--|--|--|
| Utensil<br>Washing Sink  | Not Required   | I '   | n 100 feet of each unpackaged food booth.   |  |  |  |  |
| Restrooms for food employees   | Restrooms (one per 15 food employees) with warm water (100°F) with handwashing stations  • Located within 200 feet of each food booth  |   |   |  |  |  |  |
| Temperature<br>Control of<br>Potentially<br>Hazardous<br>Foods (PHF) | All perishable food (i.e. potentially hazardous foods) shall be kept at or below the required temperatures:  • Cold food may be held at 45°F for up to 12 hours in any 24 hour period and must be discarded at the end of the day. PHF kept at 41°F or below does not have to be discarded at the end of the day.  • Hot foods must be held in approved hot holding units (steam tables, hot plates, chafing dishes, etc.) at/or above 135°F and discarded at the end of the day.  • Calibrated food thermometers must be available to monitor food temperatures.  |   |   |  |  |  |  |
| Food Service   | All food must be packaged and labeled.  Product name Ingredients Net Weight Name and address of manufacturer Limited to packaged samples only  | Unpackaged samples must be stored in approved food compartments (squeeze bottles, drip bottles, shaker bottles, etc.)  Samples must be individually portioned for distribution and given to each customer individually by a TFF employee  Safe food handling practices must be followed at all times  Minimize bare hand contact with ready to eat food by using tongs, or other utensils.  Eating or smoking is prohibited in the food booth | Food must be prepared inside the food booth unless an alternate food preparation site has been pre-approved by OCEH  All food must be from an approved source  BBQ cooking is allowed outside of the booth. Once items are cooked, they must be brought into the enclosed booth.  Cooking equipment outside of the booth must be sectioned off from the public using rope, caution tape, etc.  Safe food handling practices must be followed at all times  Minimize bare hand contact with ready to eat food by using tongs, or other utensils.  Eating or smoking is prohibited in the booth |  |  |  |  |
| Food Source  | All food must be from an approved source (i.e. permitted kitchen, market, food processor). A copy of the health permit and/or a Processed Food Registration (PFR) is submitted with the TFF application. Note: A specialized processing permit from the State of California (PFR, or a Milk and Dairy License) is required for processes such as: bottling, canning, juicing, manufacturing jerky or milk products; and for food products packaged and sold offsite from where it is prepared. In addition, an FDA registration is required for operations proposing to sell imported foods at a community event. Be aware that if all required documents are not provided, the application process cannot be completed. |   |   |  |  |  |  |
| Food Storage   | Food, beverages and equipment must be stored 6 inches off the floor and be protected from contamination. Food stored overnight must be stored in approved vermin proof containers and backup potentially hazardous foods must be maintained at proper temperatures.  |   |   |  |  |  |  |
| Trash/Waste  |  | d bags replaced on a regular basis to prevent<br>ed manner (trash service) as needed  | a nuisance( i.e flies/ vermin attractant)   |  |  |  |  |



Public Health Services

Environmental Health Division 1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705

Telephone: (714) 433-6080 Email: EHSpecialEvents@ochca.com CARE AGENCY Website: www.ocfoodinfo.com/tff

## **HEALTH PERMIT APPLICATION**

## **TEMPORARY FOOD FACILITY (TFF)**

| Description      | Tł         | nis section is to be complet  | ed by the a  | applicant, in full – Pleas | se print clea                   | rly – Do not | t detach copie | s – Health pe            | rmits are N           | OT transferable | and NOT refund | lable  |
|--|------------|---|--|----------------------------|---------------------------------|--------------|----------------|--------------------------|-----------------------|-----------------|----------------|--------|
| Name of Event:   Event Date(s):   Event House   AM / PM   Lo   AM / PM   | TYPE       | ☐ Prepackaged food/be   | ackaged food/beverage with sampling/dispensing – Category 1B |                            |                                 |              |                |                          | ☐ Recurring E         | ≣vent           |                |        |
| Event Address:   |            |   |  |                            |                                 |              | Event H        |                          |                       |                 |                |        |
| Event Organizer's Name:  | EVENT      | Event Address:  |  |                            |                                 |              | City:          |                          |                       | AM / PM t       |                | M / PM |
| Booth Name (DBA):   Have you participated in previous community events in Orange County before?   Ves   No Orange County before?   Ves   V |            | Eveni Address.  |  | City:                      |                                 |              |                |                          | Ziβ.                  |                 |                |        |
| Person-in-Charge Name:   Person-in-Charge Phone Number:   Person-in-Charge Email:  |            | Event Organizer's Name  | e:   |                            | Event Organizer's Phone Number: |              |                | Event Organizer's Email: |                       |                 |                |        |
| Type of Ownership ("Attach Certificate of LP, LLP Rejistration, Articles of Incorporation or Organization):   Individual Owner   Partnership   LP*   Corporation*   LLC*     Company/Business/Nonprofit Name:   Owner's Name:   Owner's Phone Number:     Company/Business/Nonprofit Name:   Owner's Address (annot be a P.O. Box):   City:   State:   Zip:     Mailing Address (annot be a P.O. Box):   City:   State:   Zip:     Driver's License (if Individual Owner or Partnership; for Recurring Events only):   Owner's Email:     List all the food/beverages to be sold/given at the event (attach menu if additional space is needed):   Will food/beverages to be prepared or stored BEFORE the event?     State law prohibits the use of private home except for Cottage Food Operators on Nonprofit vendors making non-potentially hazardous beverages a baked goods     No. You are required to purchase all food/beverages the day of the event. No food should be prepared or stored at home. Initials, indicate that receipts will be provided during protection.     Name:   | <u>o</u>   | Booth Name (DBA):  Have you participated in previous community events in  |  |                            |                                 |              |                |                          |                       |                 |                |        |
| Type of Ownership ("Attach Certificate of LP, LLP Rejistration, Articles of Incorporation or Organization):   Individual Owner   Partnership   LP*   Corporation*   LLC*     Company/Business/Nonprofit Name:   Owner's Name:   Owner's Phone Number:     Company/Business/Nonprofit Name:   Owner's Address (annot be a P.O. Box):   City:   State:   Zip:     Mailing Address (annot be a P.O. Box):   City:   State:   Zip:     Driver's License (if Individual Owner or Partnership; for Recurring Events only):   Owner's Email:     List all the food/beverages to be sold/given at the event (attach menu if additional space is needed):   Will food/beverages to be prepared or stored BEFORE the event?     State law prohibits the use of private home except for Cottage Food Operators on Nonprofit vendors making non-potentially hazardous beverages a baked goods     No. You are required to purchase all food/beverages the day of the event. No food should be prepared or stored at home. Initials, indicate that receipts will be provided during protection.     Name:   | Ä.         |   |  |                            |                                 |              |                |                          |                       |                 |                |        |
| Individual Owner   | Ŧ          | Person-in-Charge Name: Person-in-Charge Phone Number:   |  |                            |                                 | Person-      | in-Charge Ema  | ail:                     |                       |                 |                |        |
| Nonprofit Charitable Organization, attach proof of status**   City/Government Entity   |            |   |  |                            |                                 |              |                |                          |                       |                 |                |        |
| Company/Business/Nonprofit Name:  Owner's Name:  Owner's Name:  Owner's Phone Number:  Oity:  State:  Zip:  City:  Mailing Address (if different from Owner's Address):  Driver's License (if Individual Owner or Partnership: for Recurring Events only):  Owner's License (if Individual Owner or Partnership: for Recurring Events only):  Owner's License (if Individual Owner or Partnership: for Recurring Events only):  Owner's License (if Individual Owner or Partnership: for Recurring Events only):  Owner's License (if Individual Owner or Partnership: for Recurring Events only):  Owner's License (if Individual Owner or Partnership: for Recurring Events only):  Owner's License (if Individual Owner or Partnership: for Recurring Events only):  Owner's License (if Individual Owner or Partnership: for Recurring Events only):  Owner's License (if Individual Owner or Partnership: for Recurring Events only):  Owner's License (if Individual Owner or Partnership: for Recurring Events only):  Owner's License (if Individual Owner or Partnership: for Recurring Events only):  Owner's Address (cannot be a P.O. Box;  Will foodbeverages be prepared or stored BEFORE the event?  State Is a prohibition to partnership of Individual Owner or Partnership Individual Space is needed):  Will foodbeverages be prepared or stored BEFORE the event?  State Is a prohibition to purchase all foodbeverages & baked goods  One of Yes. Provide the name & address where food beverages & baked goods  Individual Partnership Individual Ownership Individual Ownership Individual Ownership Individual Individua |            |   |  | •                          |                                 |              |                |                          | ⊔ Corpor              | ation"          |                |        |
| Driver's License (if Individual Owner or Partnership; for Recurring Events only):    Driver's License (if Individual Owner or Partnership; for Recurring Events only):    Driver's License (if Individual Owner or Partnership; for Recurring Events only):    Driver's License (if Individual Owner or Partnership; for Recurring Events only):    Driver's License (if Individual Owner or Partnership; for Recurring Events only):    Driver's License (if Individual Owner or Partnership; for Recurring Events only):    Driver's License (if Individual Owner or Partnership; for Recurring Events only):    Driver's License (if Individual Owner or Partnership; for Recurring Events only):    Driver's License (if Individual Owner or Partnership; for Recurring Events only):   Driver's License (if Individual Owner or Partnership; for Recurring Events only):   Driver's License (if Individual Owner or Partnership; for Recurring Events only):   Driver's License (if Individual Owner or Partnership; for Recurring Events on Non-Partnership; for Recurring Eventship (Partnership); for Recurring Events on Non-Partnersh |            | -   |  |                            |                                 | Owner's      | Name:          | •                        | Owner's Phone Number: |                 |                |        |
| Driver's License (if Individual Owner or Partnership; for Recurring Events only):    Driver's License (if Individual Owner or Partnership; for Recurring Events only):    Driver's License (if Individual Owner or Partnership; for Recurring Events only):    Driver's License (if Individual Owner or Partnership; for Recurring Events only):    Driver's License (if Individual Owner or Partnership; for Recurring Events only):    Driver's License (if Individual Owner or Partnership; for Recurring Events only):    Driver's License (if Individual Owner or Partnership; for Recurring Events only):    Driver's License (if Individual Owner or Partnership; for Recurring Events only):    Driver's License (if Individual Owner or Partnership; for Recurring Events only):   Driver's License (if Individual Owner or Partnership; for Recurring Events only):   Driver's License (if Individual Owner or Partnership; for Recurring Events only):   Driver's License (if Individual Owner or Partnership; for Recurring Events on Non-Partnership; for Recurring Eventship (Partnership); for Recurring Events on Non-Partnersh |            | Owner's Address (cannot be a P.O. Box):   |  |                            |                                 | City:        |                |                          | State:                | Zip:            |                |        |
| Driver's License (if Individual Owner or Partnership; for Recurring Events only):    Driver's License (if Individual Owner or Partnership; for Recurring Events only):   | TFF        | Mailing Address (if differ  | rent from  | Owner's Address):          |                                 |              | Citv:          |                          | 5                     | State:          | Zip:           |        |
| Will food/beverages to be sold/given at the event (attach menu if additional space is needed):  Will food/beverages be prepared or stored BEFORE the event?  Will food/beverages be prepared or stored BEFORE the event?  Will food/beverages be prepared or stored BEFORE the event?  Will food/beverages be prepared or stored a BEFORE the event?  Will food/beverages be prepared or stored at home except for Cottage Food Operators or Nonprofit vendors making non-potentially hazardous beverages & baked goods    YES. Provide the name & address where food/beverage is prepared/stored:   No. You are required to purchase all food/beverages the day of the prepared or stored at home. Initials, indicate that receipts will be provided during inspection.  Name:  |            | ,   |  | ,                          | - D                             | E to         | -              | O                        | 11                    |                 | '              |        |
| Will food/beverages be prepared or stored BEFORE the event?  State law prohibits the use of private home except for Cottage Food Operators or Nonprofit vendors making non-potentially hazardous beverages & baked goods    YES. Provide the name & address where food/beverage is prepared/stored:   YES. Provide the name & address where food/beverage is prepared/stored:   No. You are required to purchase all food/beverages the day of the event. No food should be prepared or stored at home. Initials, indicate that receipts will be provided during inspection.   Name:   |            | Driver's License (if Indiv  | idual Owr  | ner or Partnership; to     | r Recurring                     | Events on    | nly):          | Owner's Er               | naii:                 |                 |                |        |
| Do you own the food facility where you are preparing and storing the food?   |            | List all the food/beverage  | ges to be  | sold/given at the eve      | nt (attach n                    | nenu if add  | ditional space | e is needed):            |                       |                 |                |        |
| Do you own the food facility where you are preparing and storing the food?   | GE         |   |  |                            |                                 |              |                |                          |                       |                 |                |        |
| Do you own the food facility where you are preparing and storing the food?   | E:<br>ORA  |   |  |                            |                                 |              |                |                          |                       |                 |                |        |
| Do you own the food facility where you are preparing and storing the food?   | URC<br>VST | prepared/stored: event. No food should be prepared or stored at home. Initials, indicate  |  |                            |                                 |              |                | indicate                 |                       |                 |                |        |
| Do you own the food facility where you are preparing and storing the food?   | SO<br>TION | Name:   |  |                            |                                 |              |                |                          |                       |                 |                |        |
| Do you own the food facility where you are preparing and storing the food?   | OO!        |   |  |                            |                                 |              |                |                          |                       |                 |                |        |
| Do you own the food facility where you are preparing and storing the food?   | REP        |   |  |                            |                                 |              |                |                          |                       |                 |                |        |
| **Note: A specialized processing permit from the State of California (Process Food Registration or a Milk & Dairy License) is required for processes such as: bottling, canning, juicing, manufacturing jerky, or products resembling milk products. In addition, FDA registration is required for operations proposing to sell imported foods at a community event. Be aware that if all required documents are not provided, the application process cannot be completed.  I hereby make an application for a health permit to establish and/or operate the above business, use or services in accordance with the laws, ordinances and regulations that are now or may hereinafter be in force pertaining to the above business. I certify that I am the owner or authorized representative of this business and that all statements are true to the best of my knowledge. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.  Once approved by a representative of Environmental Health and fees are paid in full, a health permit will be issued. Food operations without the necessary permits shall be subject to closure of the food facility and a penalty not to exceed three times the cost of the permit (California Retail Food Code, section 114387).  Print Name:    Title:   | 4          |   |  |                            |                                 |              |                |                          |                       |                 |                |        |
| canning, juicing, manufacturing jerky, or products resembling milk products. In addition, FDA registration is required for operations proposing to sell imported foods at a community event. Be aware that if all required documents are not provided, the application process cannot be completed.  I hereby make an application for a health permit to establish and/or operate the above business, use or services in accordance with the laws, ordinances and regulations that are now or may hereinafter be in force pertaining to the above business. I certify that I am the owner or authorized representative of this business and that all statements are true to the best of my knowledge. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.  Once approved by a representative of Environmental Health and fees are paid in full, a health permit will be issued. Food operations without the necessary permits shall be subject to closure of the food facility and a penalty not to exceed three times the cost of the permit (California Retail Food Code, section 114387).  Print Name:    Date:   PR:   PE:   FA:   EV:   OW:   AR:  |            |   |  |                            |                                 |              |                |                          |                       |                 |                |        |
| that are now or may hereinafter be in force pertaining to the above business. I certify that I am the owner or authorized representative of this business and that all statements are true to the best of my knowledge. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.  Once approved by a representative of Environmental Health and fees are paid in full, a health permit will be issued. Food operations without the necessary permits shall be subject to closure of the food facility and a penalty not to exceed three times the cost of the permit (California Retail Food Code, section 114387).  Print Name:    Title:   |            | canning, juicing, manufacturing jerky, or products resembling milk products. In addition, FDA registration is required for operations proposing to sell imported foods at a |  |                            |                                 |              |                |                          |                       |                 |                |        |
| Print Name:    Signature:   Date:   Date:  | 40         |   |  | •                          |                                 |              |                |                          |                       |                 |                | •      |
| Print Name:    Signature:   Date:   Date:  | RMS        |   |  |                            |                                 |              |                |                          |                       |                 |                |        |
| Print Name:  Signature:  OFFICE USE ONLY  PR: PE: FA: EV: OW: AR:  Permit is valid for:  Fee Amount: HSO Number: Program Identifier: Billing Status:  Notes:   | 1          |   |  |                            |                                 |              |                |                          |                       |                 |                |        |
| PR:  |            |   |  |                            |                                 |              |                | etaii Food C             | code, section 11      | 4387).          |                |        |
| PR:         PE:         FA:         EV:         OW:         AR:           Permit is valid for:         Fee Amount:         HSO Number:         Program Identifier:         Billing Status:           Notes:  |            | Signature:  |  |                            |                                 |              | Date:          |                          |                       |                 |                |        |
| Permit is valid for:  Fee Amount: HSO Number: Program Identifier: Billing Status:  Notes:  |            |   |  |                            |                                 |              |                |                          |                       |                 |                |        |
| Fee Amount: HSO Number: Program Identifier: Billing Status:  Notes:  |            | PR: PE: F   |  | FA:                        |                                 |              | EV: OW:        |                          | OW:                   |                 | AR:            |        |
| Fee Amount: HSO Number: Program Identifier: Billing Status:  Notes:  | EE.        | Permit is valid for:  |  |                            |                                 |              |                |                          |                       |                 |                |        |
| <u>ម</u>   | T.         | Fee Amount: HSO Number:   |  |                            | Program Identifier:             |              |                |                          | Billing Status        |                 |                |        |
| Permit Approved By (PRINT): Date:  | HS         | Notes:  |  |                            |                                 |              |                |                          |                       |                 |                |        |
| Permit Approved By (PRINT): Date:  |            |   |  |                            |                                 |              |                |                          |                       |                 |                |        |
|  | ш          | Permit Approved By (P   | RINT):   |                            |                                 |              |                |                          |                       | Date:           |                |        |

Welcome to Orange County! Our goal at Environmental Health is to partner with you in ensuring safe, quality food for your consumers.

A temporary food facility (also known as a food booth vendor) is required to obtain a health permit when operating at a community event. To apply for a Health Permit, submit the following documents:

- Completed "Health Permit Application Temporary Food Facility"
  - Please print or type your application.
  - All fields must be completed and legible. Enter N/A if a field is not applicable to the business. If the information entered is the same for multiple fields, reenter that information – do not use "same as above."
  - Do not enter information in the section noted "OFFICE USE ONLY."
- For Recurring Events only, a copy of supporting documentation of the "person" who is legally responsible for the operation of the temporary food facility (TFF)
  - Sole Proprietor a current driver's license, state issued identification card or Foreign Consulate Identification Card
  - General Partnership a current driver's license, state issued identification card or Foreign Consulate Identification Card for each owner
  - o Limited Partnership (LP) Certificate of Limited Partnership
  - o Limited Liability Partnership (LLP) Limited Liability Partnership (LLP) Registration
  - o Corporation Articles of Incorporation, including a list of the officers' names and titles
  - Limited Liability Company (LLC) Articles of Organization
  - Nonprofit Charitable Organization\*\* Articles of Incorporation pursuant to Nonprofit
    Corporation Law as defined in the California Retail Food Code. Nonprofit charitable
    temporary food facilities may operate up to four times annually. These four time
    periods shall not exceed 72 hours each. (California Retail Food Code, Section 114332.1).
- Completed TFF Operational Specifications

Acceptable forms of payment are cash, check, credit card or money order. Make checks payable to "County of Orange." Health permit fees are nonrefundable. You may pay in person from 8:00 a.m. to 4:30 p.m., Monday through Friday (excluding County holidays) or mail your check along with the completed health permit application and Operational Specifications to:

Orange County Environmental Health 1241 E. Dyer Road, Suite 120 Santa Ana, CA 92705

To ensure timely review and approval of the permit, submit at least 30 days prior to the event. Food operations without the necessary permits shall be subject to closure of the food facility and a penalty not to exceed three times the cost of the permit (California Retail Food Code, Section 114387).

To learn more about Special Events, please visit www.ocfoodinfo.com/tff.

If you have any questions, please contact the Special Events Program at (714) 433-6080.



Public Health Services Environmental Health Division 1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705 Telephone: (714) 433-6080

**OPERATION SPECIFICATIONS TEMPORARY FOOD FACILITY** Email: EHSpecialEvents@ochca.com
Website: www.ocfoodinfo.com/tff

COMPLETE AND SUBMIT WITH TEMPORARY FOOD FACILITY HEALTH PERMIT APPLICATION TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

|   | •                    |                            | iy. Leave NO BLANK 31 ACLS.                   |  |  |
|---|----------------------|----------------------------|---|--|--|
| TFF OPERATOR INFORMAT   | TION                 | E\                         | /ENT INFORMATION                              |  |  |
| Name of Food Booth:   |                      | Event Name:                |   |  |  |
|   |                      |                            |   |  |  |
|   |                      |                            |   |  |  |
| Name of Owner and DBA:  |                      | Date(s) of Event:          |   |  |  |
|   |                      |                            |   |  |  |
| Facility Type:  |                      | Event Location:            |   |  |  |
| Food Booth  | ck                   | _                          |   |  |  |
| Permanent Structure Food Cart   |                      | ☐ Indoor Event             | Outdoor Event                                 |  |  |
|   |                      |                            |   |  |  |
| On-site (Person-in-Charge) Contact:   |                      |                            |   |  |  |
|   |                      |                            |   |  |  |
| On-site Contact Cell Phone:   |                      | # of Food Employees:       |   |  |  |
|   |                      |                            |   |  |  |
|   | FOOD                 | OPERATION                  |   |  |  |
| □ Dealessed food only □ Dealesse  |                      |                            |   |  |  |
|   | d with sampling      |                            |   |  |  |
| Food Preparation (All food preparation  | n is to be conducted | within the food booth or a | it a permitted food facility)                 |  |  |
|   | FOOD BOOT            | H CONSTRUCTION             |   |  |  |
| All food booths require overhead protect  |                      |                            | oths must be enclosed.                        |  |  |
| Overhead Covering: Canvas   | Wood [               | Other:                     |   |  |  |
| ·   |                      |                            |   |  |  |
| Floor: Asphalt  | Concrete             | Wood Other:                |   |  |  |
| Walls: Screens  |                      |                            |   |  |  |
|   | or 🔲 Event Organizer | ☐ Rent from:               |   |  |  |
| Booth Size:   |                      |                            |   |  |  |
| LIST ALL FOOD & REV   | VERAGE PRODUCTS T    | HAT WILL BE PREPARED, S    | SOLD OR GIVEN AWAY                            |  |  |
| LIST ALL TOOD & DE  |                      | al pages as necessary      | OLD ON GIVEN AWAT                             |  |  |
| For additions Du  |                      |                            | Ideatify to a famous anti-a at food by the    |  |  |
|   | . •                  | y type of preparation at   | Identify type of preparation at food booth    |  |  |
|   | (Y or N)             | other location**           | (i.e. assembly, portioning, cooking, etc.)    |  |  |
|   |                      |                            |   |  |  |
|   |                      |                            |   |  |  |
|   |                      |                            |   |  |  |
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|   |                      |                            |   |  |  |
|   |                      |                            |   |  |  |
|   |                      |                            |   |  |  |
| **For food items that will be prepared at   | another location cor | nplete the below informa   | tion and attach a copy of the food facility's |  |  |
| current health permit. Note: A specialized processing permit from the State of California (PFR or a Milk and Dairy License) is        |                      |                            |   |  |  |
| required for processes such as: bottling, canning, juicing, manufacturing jerky or milk products; and for food products packaged      |                      |                            |   |  |  |
| and sold offsite from where it is prepared. In addition, FDA registration is required for operations proposing to sell imported foods |                      |                            |   |  |  |
| 1   |                      | •                          |   |  |  |
| at a community event. Be aware that if al   | ii requirea aocument |                            | -   |  |  |
| Food Facility Name:   |                      | Name of Permit Holder      | :   |  |  |
|   |                      |                            |   |  |  |
| Address and City:   |                      | Facility Contact Numbe     | r:  |  |  |
| ,   |                      | ,                          |   |  |  |
| Mathed of food to not continue and the  |                      |                            |   |  |  |
| Method of food temperature control durir  | ng transportation:   |                            |   |  |  |
|   |                      |                            |   |  |  |

| HOT/COLD HOLDING EQUIPMENT Identify methods of maintaining food hot (135°F) or cold (41°F/45°F)  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Cold Holding   |   | Chest Cold Table Not Applicable                                  |  |  |  |  |
|  | Other (Specify):                              |  |  |  |  |  |
| Hot Holding  | Steam Table Cr Other (Specify):               | affing Dishes  |  |  |  |  |
| I agree to voluntarily de  | estroy any and all potentially hazardous      | food(s) held at 45°F and/or held at or above 135°F at the end of |  |  |  |  |
| the operating day in a r   | manner approved by the enforcement ag         | ency. Not Applicable Not Applicable                              |  |  |  |  |
|  |   | ENT/UTENSILS   |  |  |  |  |
|  | utensils be used inside the booth for pr      | <u> </u>   |  |  |  |  |
| Yes (complete Utensil Washing section and Liquid Waste Removal section) No Not Applicable  |   |  |  |  |  |  |
| Utensil Washing  Three-compartment   | t sink within food booth Shared 3-            | compartment sink provided, provided by:                          |  |  |  |  |
|  |   | efore and after the event, utensils will be washed, rinsed, and  |  |  |  |  |
| sanitized at an approve  |   |  |  |  |  |  |
|  | est strips must be available to test sanitize | er concentration)  |  |  |  |  |
| ☐ Chlorine ☐ Q   | uaternary Ammonia 🔲 Iodine                    |  |  |  |  |  |
|  | that will be used for food preparation        |  |  |  |  |  |
|  | Range Burner Deep Fryer Gr                    | ddle   Mixer/Blender   |  |  |  |  |
| Other (Specify):   |   |  |  |  |  |  |
|  |   | PROTECTION   |  |  |  |  |
| Sneeze Guards Other (Specify):   |   | ation:<br>dividual Portion Samples                               |  |  |  |  |
| Other (Specify)  |   | ACU FACULTIFO  |  |  |  |  |
| Handwaching facilities   | provided by: Event Organizer                  | ASH FACILITIES Food Pooth Operator                               |  |  |  |  |
| _  | towels, and a trash receptacle must be p      | ·  |  |  |  |  |
| Type of handwashing facility that will be used:  Gravity-fed warm water (100°F) with spigot and catch basin (approved for events that operate for three days or less)  Waste water must be properly disposed  Self-contained portable unit (with potable water and waste water holding tanks)  Permanently plumbed with hot and cold water under pressure  |   |  |  |  |  |  |
|  |   | REQUIREMENTS   |  |  |  |  |
| Electrical Supply Provide  | •   | Toilet Facilities for Food Employees Provided by :               |  |  |  |  |
| Event Organizer  | Booth Operator                                | Event Organizer Booth Operator                                   |  |  |  |  |
| Refrigerator or Free   | zer available for overnight storage           | Liquid Waste Removal Provided by :                               |  |  |  |  |
| Lighting available   |   | Event Organizer  |  |  |  |  |
| Define Demond Devided by   |   | Booth Operator   |  |  |  |  |
| Refuse Removal Provided by :  ☐ Event Organizer  |   | Identify responsible party for liquid waste removal:             |  |  |  |  |
| □ Booth Operator   |   |  |  |  |  |  |
| Identify responsible party for waste removal:  |   | Frequency of liquid waste removal: per day                       |  |  |  |  |
| NON-PROFIT CHARITABLE TEMPORARY FOOD FACILITIES ONLY   |   |  |  |  |  |  |
| I declare under penalty of perjury that the non-profit charitable organization information is true and accurate, and I have provided   |   |  |  |  |  |  |
| current supporting documentation showing our up-to-date non-profit status. I further certify the following to be true:  1. The booth will be operated by members of our organization or other noncommercial supporters.  2. All proceeds will be turned over to the above named non-profit organization or to another approved non-profit entity.  3. I understand that any exemption issued to us would be for the operation of our non-profit association's food booth only and would not imply a blanket approval covering the operation of commercial food facilities at the occasional event.  4. We understand that our organization may operate up to four (4) times annually (July – June) and each time operated may not exceed three (3) days in duration. |   |  |  |  |  |  |
| Non-Profit Authorized  | Representative Name (print):                  | Title:   |  |  |  |  |
| Signature:         Date:   |   |  |  |  |  |  |