



VENDOR

Temporary Event Permit Application

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

San Mateo County Health Department
 Environmental Health Services Division
 2000 Alameda de las Pulgas, Suite 100
 San Mateo, CA 94403
 www.smhealth.org/enviro
 (650) 372-6200 fax (650) 627-8244

Have you previously applied for a temporary event health permit?

YES NO

IF YES, PLEASE PROVIDE YOUR REFERENCE IDENTIFICATION NUMBER _____

Fee Exempt? YES NO *see below for fee exemption explanation.*

A separate form is required for each event you participate in. Submit forms and fees through your event coordinator by the deadline date set by the coordinator.

EVENT INFORMATION

EVENT NAME _____ DATE & TIME _____

ADDRESS OF EVENT _____ CITY _____

SPONSOR _____ CONTACT NUMBER _____

VENDOR INFORMATION

VENDOR BOOTH NAME _____

VENDOR OWNER _____

CONTACT NAME _____ CONTACT NUMBER _____

MAILING ADDRESS _____ CITY _____ ZIP _____

FEE SCHEDULE

DISCOUNTED GROUP FEE	If all applications are received from the Event Coordinator in one packet with one check to cover all fees at least 14 days prior to first day of event then the DISCOUNTED GROUP FEE is \$98 per booth . The coordinator fee is \$153 unless it is a non profit organization.
APPLICATION FEE	Any application received 2-13 days before the event will result in all booths being charged \$296 per booth . Acceptance of application(s) does not imply automatic approval to operate at the event. Applications received less than 2 days before the event will not be accepted .
PENALTY FEE	Any booth found operating at the event without a Permit to Operate may be closed by this Department and/or charged up to three times the Application Fee.
APPLICATION FEE EXEMPT	<input type="checkbox"/> Non Profit -100% of profits go to a non-profit organization. Proof of non profit must be provided. <input type="checkbox"/> Letter from charity who received donated funds. <input type="checkbox"/> Veteran - Proof of service must be provided.

TYPES OF FOOD BEING SOLD & PREPARATION METHODS

MENU - List all foods and condiments proposed prepared and/or sold from this food booth (i.e. meat, rice, beans, dairy, dispensed soda, bottled drinks, condiments such as diced onion, mustard, etc.). For additional items, please list on a separate sheet of paper and attach with application.

APPLICANT PRINTED NAME _____ TITLE _____

APPLICANT SIGNATURE _____ DATE _____

CHECK ALL BOXES THAT APPLY TO YOUR OPERATION

WATER- Approved water for drinking, cooking, hand washing, and utensil sanitizing will be provided by:

Bottled Water Approved Hose Other describe _____

FOOD STORAGE - FOOD WILL BE STORED AT:

Commissary Refrigerated Vehicle Permitted Kitchen Direct from purchase to event

COOKING EQUIPMENT - TYPE OF COOKING EQUIPMENT TO BE USED:

Stove Grill BBQ Hot Plate Rotisserie Other describe _____

EQUIPMENT USED TO HOLD POTENTIALLY HAZARDOUS FOODS:

COLD TEMPERATURE REQUIREMENT 41° F OR BELOW .

HOT TEMPERATURE REQUIREMENT 135° F OR ABOVE.

Steam Table Ice Mechanical Refrigeration Other describe _____
 Electric Hot Plate or Crock Pot Igloo/Approved thermo unit Not required for this operation

OTHER REQUIREMENTS:

-HANDWASH STATION-Required as described in guidelines prior to any food preparation at booth.

-UTENSIL WASHING & SANITIZING FACILITIES-check one only

3 container sanitizer set up - sized to fit largest utensil used 3 - compartment commercial sink

-WIPING TOWELS IN SANITIZER - as described in Requirements for Temporary food sales.

-WASTEWATER DISPOSAL FACILITIES

describe _____ Sponsor to provide describe _____

-TOILET FACILITIES-Required as described in Requirements for Temporary Food Sales

COMPLETED BY APPLICANT

I _____ certify that no foods served at this event will be prepared or stored in a private residence. All foods will be prepared at the booth or at the approved commissary listed below.

Are you a California Registered Non-Profit Corporation? YES NO NON-PROFIT ID # _____

Proof of Non-Profit status must be submitted with application to qualify for fee exemption.

SIGNATURE OF APPLICANT: _____ DATE: _____

*** If a restaurant or other commercial facility will be used for any food preparation, the following section must be completed and signed by the **owner of that facility**.

COMMISSARY AUTHORIZATION

The Food Vendor listed on the front of this Vendor Application has permission to use the food facility named below for preparing and storing food on the following dates: _____

Facility/Commissary Name: _____

Address: _____ City: _____

Contact Number: _____ Owner/Operator Name: _____

Signature of Food Facility Owner/Operator: _____ City: _____