



# 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

|                               |   |
|-------------------------------|---|
| <b>DISCOUNTED GROUP FEE</b>   | If <b>all applications</b> are received from the Event Coordinator <b>in one packet</b> with <b>one check</b> to cover all fees <b>at least 14 days</b> prior to first day of event then the <b>DISCOUNTED GROUP FEE</b> is <b>\$98 per booth</b> . <b>The coordinator fee is \$153 unless it is a non profit organization.</b> |
| <b>APPLICATION FEE</b>        | <b>Any</b> application received <b>2-13 days</b> before the event will result in <b>all booths being charged \$296 per booth</b> . Acceptance of application(s) does <b>not</b> imply automatic approval to operate at the event. Applications received <b>less than 2 days</b> before the event <b>will not be accepted</b> .  |
| <b>PENALTY FEE</b>            | 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.   |
| <b>APPLICATION FEE EXEMPT</b> | <input type="checkbox"/> <b>Non Profit</b> -100% of profits go to a non-profit organization. Proof of non profit must be provided.<br><input type="checkbox"/> Letter from charity who received donated funds. <input type="checkbox"/> <b>Veteran</b> - 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: \_\_\_\_\_