



**DEPARTMENT OF PUBLIC HEALTH
Division of Environmental Health**

Kathleen Grassi, R.D., M.P.H.
Director

Health Administration
260 East 15th Street
Merced, CA 95341
(209) 381-1200
(209) 381-1215 (FAX)

Ron Rowe, R.E.H.S., M.P.A.
Environmental Health
Director

Environmental Health
260 East 15th Street
Merced, CA 95341
(209) 381-1100
(209) 384-1593 (FAX)
www.co.merced.ca.us/eh

Equal Opportunity Employer

COMMUNITY FOOD EVENT VENDOR APPLICATION

Directions: Each food booth operator/vendor must complete and sign this Community Food Event Vendor Application and return it to the event organizer. The event organizer must submit all applications to this office at least 2 weeks prior to the event. Provide all information requested. Incomplete applications may delay approval.
PRINT CLEARLY

BOOTH / SPACE# ORGANIZER TO FILL OUT

EVENT	1. NAME OF EVENT		2. LOCATION OF EVENT	
	3. CITY	4. DATES OF OPERATION	5. HOURS OF OPERATION	

VENDOR	6. VENDOR ORGANIZATION OR NAME OF FOOD BOOTH			7. ATTENDED EVENT IN THIS COUNTY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	8a. OPERATING FROM AN ANNUALLY PERMITTED MOBILE FOOD FACILITY? <input type="checkbox"/> YES (go to #8b) <input type="checkbox"/> NO (go to #9)			8b. IF YOU MARKED "YES" ON 8A, THEN LIST THE MOBILE FOOD FACILITY PERMIT # & STICKER #:	
	9. CONTACT PERSON		10. MAILING ADDRESS		11. CITY
	12. EMAIL ADDRESS		13. STATE	14. ZIP	15. PHONE #

BOOTH INFORMATION	16a. PLEASE MARK ALL THAT APPLY FOR YOUR BUSINESS STATUS:				
	<input type="checkbox"/> FOR PROFIT* <input type="checkbox"/> MILITARY FEE EXEMPTION (DD214 required) <input type="checkbox"/> OTHER (Please Specify) _____ *IF YOU ARE A FOR PROFIT DONATING PROCEEDS TO A NON-PROFIT ORGANIZATION, PLEASE CONTACT OUR OFFICE TO DISCUSS PERMIT OPTIONS.				
	16b. PLEASE MARK ALL THAT APPLY FOR YOUR BUSINESS TYPE:				
	<input type="checkbox"/> TEMPORARY FOOD FACILITY (Annual TFF: <input type="checkbox"/> Yes (Permit # _____) <input type="checkbox"/> No) <input type="checkbox"/> ANNUAL MOBILE FOOD FACILITY/ MFF (Permit # _____) <input type="checkbox"/> ANNUAL MOBILE FOOD FACILITY PREP UNIT/ MFPU (Sticker # _____)				
17. PLEASE SPECIFY WHICH OF THE FOLLOWING YOU WILL BE ATTENDING WITH (An enclosed booth is required where open food is present):					
<input type="checkbox"/> CANOPY <input type="checkbox"/> FULLY ENCLOSED BOOTH <input type="checkbox"/> CART (MFF ONLY) <input type="checkbox"/> VEHICLE (License # _____) <input type="checkbox"/> TRAILER (License # _____) <input type="checkbox"/> OTHER (Please specify) _____					
18. THE FOLLOWING ARE PART OF MY BOOTH (Check all that apply.):					
<input type="checkbox"/> CANOPY <input type="checkbox"/> SCREENS <input type="checkbox"/> WOOD <input type="checkbox"/> PLASTIC TARP <input type="checkbox"/> CLEANABLE FLOOR <input type="checkbox"/> ENCLOSED TRAILER / TRUCK <input type="checkbox"/> BBQ <input type="checkbox"/> OTHER (Please specify) _____					

FOOD INFORMATION	19. PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE FOOD YOU WILL BE SELLING AT THE EVENT:				
	A. DOES ANY FOOD CONTAIN MEAT, DAIRY, CUT FRUIT OR CUT VEGETABLES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	B. WILL FOOD ITEMS STILL BE SEALED IN THEIR ORIGINAL PACKAGING WHEN SOLD OR GIVEN AWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	C. WILL ALL FOOD BE PREPARED AT THE TEMPORARY FOOD FACILITY? <input type="checkbox"/> YES (skip to page two) <input type="checkbox"/> NO				
	D. WHAT IS THE AMOUNT OF TIME USED TO TRANSFER FOOD TO THE EVENT? _____ <input type="checkbox"/> MINUTES / <input type="checkbox"/> HOURS				
	#20 TO BE COMPLETED BY THE OPERATOR OF THE APPROVED COMMERCIAL / COMMUNITY KITCHEN WHERE FOOD WILL BE PREPARED.				
20. THE FOOD VENDOR LISTED ON THIS FORM HAS PERMISSION TO USE THE APPROVED COMMERCIAL / COMMUNITY KITCHEN NAMED BELOW FOR THE PREPARING AND STORING OF FOOD ON THE FOLLOWING DATES:					
BUSINESS NAME OF COMMERCIAL / COMMUNITY KITCHEN:		ADDRESS OF COMMERCIAL / COMMUNITY KITCHEN:			
CITY:	STATE:	ZIP:	PHONE:		
EMAIL:		OPERATOR OF COMMERCIAL / COMMUNITY KITCHEN:			
SIGNED	PRINT NAME	DATE			

21. List all food items, including drinks, ice, and prepackaged foods such as chips or candy.

FOOD INFORMATION (cont'd)	FOOD ITEM(S) (see bullets below regarding sink requirements)	COOKING METHOD (ex: fried, grilled, baked)	Holding HOT OR COLD?	NAME OF EQUIPMENT Used for hot or cold holding	WHERE is food purchased / obtained?	

- All vendors handling unpackaged food must have a handwashing station.
- All vendors using utensils (ex: spatulas, tongs, spoons or scoops, pans, trays, pitchers, probe thermometers, or other equipment or implement that contacts food) must have a utensil washing station.

Sketch Sheet – In the following space, provide a drawing of the food booth. Identify and describe all equipment, including handwashing facilities, utensil washing facilities, cooking, hot holding and cold holding equipment, prep tables, food storage, and garbage containers. (*Annual MFF/MFPU or Annual TFF does not need to sketch their booth/vehicle/etc...*)

How many people will be working in the booth? _____

I, _____ (print name), have read the TFF guidelines and understand what is expected of me in order to operate my temporary food facility at this event. If I fail to provide the required items during the operation time, it may result in suspension / revocation of my permit, or further legal action.

Operator's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY: A/R No: _____	<input type="checkbox"/> PAID: INVOICE #: _____ \$ _____	PERMIT NO: _____
APPROVED _____	<input type="checkbox"/> EXEMPT _____	DATE _____



COMMUNITY EVENT FOOD VENDOR CHECKLIST

Food Booths operating at special events can use this as a checklist to make sure all necessary items are brought to the event. This list is not all-inclusive. Food booth needs will vary with what is being prepared and sold at the booth.

Metal probe thermometer (range 0°F - 220°F)

Hand wash station (must set up before operating):

Insulated container with spigot (ex: Gott, Thermos) and warm water

Paper towels

Liquid soap in pump style container

Catch basin

Bleach/Sanitizer

Container for sanitizer water

Commercially bottled water used in foods and/or beverages

Liquid waste storage containers

Refrigeration equipment

Ice for holding foods cold (below 45°F)

Hot holding equipment (above 135°F)

Ice for consumption (Drink ice)

Separate storage containers for ice used for drinks and ice used for keeping foods cold

Cooking equipment

Something to block heat generating equipment from public contact (rope, chairs, plywood, tables, saw horses, etc) or locate heat generating equipment in a part of booth not accessible to public

Fuel for hot holding equipment and cooking equipment:

Gas Charcoal, etc.

Electricity Other: _____

Garbage bags

Garbage containers

Food utensils

Food containers

Items to protect food from contamination:

Covers for food containers

Food handling gloves

Food preparation tables

Food storage shelves, pallets, or tables

Food condiment containers with attached lids

Containers with spigots for bulk beverages

Hair confinement

Electrical cords

Electrical cord trip hazard prevention items (duct tape, hang overhead, etc.)

Electrical generator (if needed)

Flooring for food booth if on dirt or grass:

Tarp Mats

Plywood Rugs

Money handling equipment

Food booth name sign

Temporary Food Facility Permit posted in a location visible to patrons

Other items: _____