			TRATION & APPLICATION
Applicant Name:			Phone:
Business Name:			
Contact Address	:		
	Full Address: Street, C	ity, State, Zip e	Mail:
	ion (Popup Canopy/Tr which side for serving		
Description of Fo (Be as specific as	• •		
SPACE FEES	Vendor Fee:	\$175.00	Spaces are approximately 20' wide Fee is increased by \$100 for each added 20' space
	Clean Up Deposit:	\$ 50.00	Include separate check to be held until departure
	• •		
COUNTY	VENDORS MUST COM With this applicatio >> Complete and s	PLY WITH TULA n, Food Vendo ubmit a Tulare	ARE COUNTY HEALTH DEPT. REQUIREMENTS rs must: County COMMUNITY EVENT FOOD VENDOR
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ALL QUESTIONS AND INQUIRIES: EMail: <u>obfvendors@gmail.com</u> Roxanne Serna: 559-793-5967 Kirk Ingoldsby: 559-202-6166

Starr Warson: 559-793-8112

HHSA Public Health | Environmental Health Services WWW.TULARECOUNTYEH.ORG • (559) 624-7400

COMMUNITY EVENT FOOD VENDORS:

Community events that include serving food to the public present challenges to both professional and volunteer food vendors. The goal of providing safe food is shared by everyone involved. While professional food vendors are usually familiar with regulatory requirements, volunteers may not be. Tulare County Environmental Health Department strives to work with the event organizer to help make all food vendors aware of food safety requirements and their responsibilities to make the event a success.

Food vendors participating in community events are required to observe the following:

- 1. All food must be prepared in an approved food facility such as a health permitted kitchen, or onsite in the temporary food booth. Food that has been stored or prepared in a private home <u>may not</u> be sold, offered for sale, or given away in a temporary food facility with the *exception of an approved Cottage Food Facility*.
- 2. The Food Vendor must indicate the type of food which will be prepared/served in the booth. The Food Vendor must also indicate any other locations of food preparation/storage.
- The completed form and fees must be returned to the Event Organizer. The organizer must submit all completed vendor applications and fees at least two
 (2) weeks prior to the event. (Make checks payable to TCEH).
- 4. <u>Read and follow the "Temporary Food Facility Guidelines"</u>.
- 5. Vendors sampling or preparing food shall complete the entire application.
- 6. <u>ALL</u> vendors shall prominently display a completed self-inspection checklist, indicating they are ready for inspection, on or before the ready for inspection time and date indicated on their application.

Temporary Food Vendor Fees Effective July 1, 2024:

- Temporary Food Single Event Vendor Low Risk \$35
- Temporary Food Single Event Vendor Moderate Risk \$70
- Temporary Food Single Event Vendor High Risk \$105
- Temporary Food Multi Event Annual Vendor Low Risk \$48
- Temporary Food Multi Event Annual Vendor Moderate Risk \$209
- Temporary Food Multi Event Annual Vendor High Risk \$393

*A chargeable re-inspection fee of 75% of the current health permit fee may be assessed if all booth requirements are not met at the indicated ready for inspection date and time (see next page).

If you have any questions or need clarification on any item, please feel free to contact the event organizer or this office at (559) 624-7400.

* U.S. military veterans who solely own the business and product being sold from a temporary event facility may be exempt from a health permit fee if they meet permit requirements, and are operating within their permitted conditions per the California Health & Safety Code. Veterans shall submit proof of an honorable discharge form DD214 along with the Affidavit for Veteran's Fee. (Beer, wine, and alcohol services are not allowed).

*Veterans with annual permits remember to attach a copy of your health permit with the temporary event application.

COMMUNITY EVENT FOOD VENDOR **APPLICATION FORM**

EACH VENDO AND THE APPROPRIATE I	R IS TO RETURN THIS FU HEALTH PERMIT FEE OR		
Name of Event:	C	ate(s) of Event:	to:
Food Sales Start Time:	Food	Sales End Time:	
Ready for Inspection Date:	Ready	for Inspection Time:	
Event Address/Location:		City:	
Booth Name:			
Business Mailing Address:		City/State/Zip:	
Applicant Name:		Phone:	
Email Addresss:		Booth Number:	
VENDOR PERMIT TYPE: (Complex	e Section A to apply for a	permit; Existing permit ho	Iders complete Section B)
A. Indicate the Community Eve	nt Environmental Hea	lth Permit you are ap	plying for:
□ Single Event Vendor:	🗆 Low Risk (\$35) 🛛	Moderate Risk (\$70)	☐ High Risk (\$105)
Multiple Event Annual Vendor:	🗆 Low Risk (\$48) 🛛	Moderate Risk (\$209)	🛛 High Risk (\$393)
U Veteran's Fee Exemption (comple	ete Veterans exemption aff	ïdavit form – see enclosed,	& attach DD214 form)
B. Existing permit holders: Ident	ify your Tulare County	<mark>/ Health Permit</mark> : (attach	a copy of your health permit)
Business Name:			
Mobile Food Facility Permit - I			
Catering Permit Dultiple Events C. Food Operation Type: (Check all		Low Risk 🗋 Moderat	e Risk 📋 High Risk
 Pre-packaged food (<u>no sampling</u>) Food booth operator is register (non-profit vendors do not require booth) 	ed with IRS as a non-pro	ofit 501 (c) 1-10, or 19 or	ganization
P	REPACKAGED VE	NDORS ONLY	
NOTE: Prepackaged food ve Samplers must complete tl			
All temporary food facilities shall prov	ide a sign with the facility	name, operator name, city	, state, and zip.
 Pre-packaged food booths require over Pre-packaged food/beverages shall be 	•		protect from elements.
 At the end of the operating day, all Pc 	•		be destroved.
 At the end of the operating day, all po 			
• List the items you will be selling/servi	ng:		
• I understand that if I process or can provide the state of the state			-
Processed Food Registration or Canne			
By signing this form I agree to comply nontransferable, and certify to the be			
Applicant Signature:		Date:	
(OFFICE USE ONLY) Payment Type:	FA: Receip	t #: OA Initia	ls: Paid Amount:

POTABLE WATER

Water source is from (check one): \Box A Permitted Water System (example: City Water), \Box Bottled Water, \Box CA State Licensed Water Vending Machine, \Box CA State licensed Water Hauler, or a \Box Private Non Ag Well (Must provide Bacteriological, Nitrate, & Nitrite testing results and meet Safe Drinking Water Standards)

Each propagation sha	ull he done either in an	MENU enclosed Temporary F	ood Rooth or at a n	armitted food kitchen
List food items to be served: (tacos, tamales, shaved ice, nachos, hot dogs, pizza, bbq, popcorn, lemonade, coffee, etc.)	Mark if food item is fully or partially prepared at an offsite permitted kitchen:	Identify types of preparation at offsite permitted kitchen: (baking, cooking, marinating, slicing, preparing)	Identify types of preparation at booth: (example: assembly, slicing, cooking, dispensing	Describe how food will be transported to the event within 30 minutes (ice chest
Check here if preparing	All food inside the food	booth on the day of the e	vent and skin to next	
Check here if storing and	d/or preparing any food	at a commercial kitchen a	nd fill out the Kitchen	-
	ou are going to prepa	CIAL KITCHEN AUTHOR re food ahead of time a d at home. Permitted C	t an Environmental	Health permitted kitchen. /ed.
The food vendor listed on th the following dates:	is form has permission to	use the commercial kitch	en named below for p	reparing and storing food on
Business Name Of Kitchen:		Address Of Kitchen:		
City:	State:	Zip:	Phone:	
Facility ID:		Type of Permit:		Expiration Date:
Owner Signature:		Print Name:	Date:	
If the commercial kitchen in Health Department must sig		-		
Signed by:		Print Name:	Date:	
Environmental Health Specialist				

Note: <u>Complete the remainder portion of application in lieu of site plan.</u>

HOT/COLD Identify methods of maintaining hot food hot, or	HOLDING EQUIPMENT cold food cold during the event dates. Check all	that apply.			
\Box I will keep food cold in an ice chest at 45°F for up to 12 hou	rs in a day and then throw away.				
□ I will keep food cold in a refrigerator at 41°F and may use the food for next day service.					
Not Applicable - I will not be working with foods that require cold temperature control.					
 I will keep cooked food hot at 135 °F or hotter at all times by us Steam Table or Chafing Dish with canned fuel (sterno) Hot skillet, griddle, or barbecue Crock pot or roaster Rice cooker Hot dog roller Other (please specify):	 ing: (Do not use ice chest to keep foods hot) *At the end of the operating day, all hot foods must be Cooling for future re-heating is not allowed at commun * Do not use ice chests to keep foods hot, must use a w that is able to keep temperatures hot. 	ity events.			
THERMO	OMETERS REQUIRED				
 A health department approved probe thermometer will be pr An approved refrigerator style thermometer will be provided 					
	DD PROTECTION od from contamination. Check all that apply.				
Sneeze Guards Hinger	d Chafing Dishes	Serving Tongs			
□ Serving/ Sampling Plate with Lid □ Prepa	red and Stored away from the customers	🗆 N/A			
Food Compartments Other	(Specify):				
See Temporary Food Facility Guidelines available If working in a fully enclosed building that meets the food bo If working from a Tulare County permitted mobile unit such a If working inside a food fully enclosed food trailer or truck the All food booths that handle non-prepackaged food require: Floors constructed of concrete, asphalt, tight wood, or other	both requirements (skip to next page) as a cart, trailer, or truck (skip to next page) at meets the food booth requirements (skip to next page) r cleanable material in good repair.				
vendor must be prepared to enclose booth).	reens, and pass-thru windows (216 square inches in size). t weather, insects, vermin, and birds are absent. If conditio				
Limiting display and handling of nonprepackaged food in for Floor Material:	Wall Material:				
Ceiling Material:	Size of Pass-Thru Window:				
	ide a sign with the facility name (in 3 inch size letters), :y, state, and zip (in 1 inch size letters).				

WAREWASH SINK REQUIREMENTS A 3 Compartment Sink is Required if operating for more than 4 hours.
Please Indicate what warewash sink you will use during the event if operating more than 4 hours. Warewashing sink is (check only one): I am a Non-Profit vendor and I will provide the minimum required 3 tub warewash setup to wash, rinse, and sanitize utensils. Provided by event organizer Providing my own warewash sink I will be sharing the sink with the 3 following vendors below:
1 2 3 □ Located inside restaurant and food booth is within 200 feet of restaurant. Restaurant Name:
 Warewash sink is not Required – booth operates less than 4 hours per day & provides extra utensils that are clean and sanitized. Warewashing Sink Water Source and Sewage Disposal (Check all that apply): Water is supplied by a food grade hose with back flow protection device Water supplied by self contained tank. Tank Size in Gallons:
HANDWASH SINK REQUIREMENTS Required if sampling, preparing food, and serving beverages.
Handwashing sink provided inside food booth by (check only one): Gravity Fed Unit
 Event Organizer Food Booth Operator Not required (serving prepackaged food only-No sampling) Type of Handwashing sink (check only one): Gravity Fed 5 Gallon Unit with hands free dispensing, warm water, hand soap, paper towels, and an approved Waste water bucket – Is only allowed if event is 3 days or less Permanently Plumbed or Self Contained Portable Sink – required if event is 4 days or longer
CLEANING AND REFUSE DISPOSAL
If using multi use utensils (knives, scoops, spatulas, etc.) inside the booth for food preparation mark the appropriate box: I will clean the utensils every 4 hours in a warewash sinkif food service is more than 4 hours -OR- Food service is less than 4 hours. I will bring extra utensils and replace as needed. I agree to the following: I will clean food contact surfaces at least every 4 hours I will clean the booth structure as often as needed Refuse will be disposed of as often as needed, and at the end of the event at the organizer's designated location.
By signing this form I agree to comply with the above noted requirements, that the fees are nonrefundable and nontransferable, and certify to the best of my knowledge the statements made herein are true and correct. Applicant Signature: Date:

This form is available at <u>www.tularecountyeh.org</u>