



Community Event Food Booth Application

(Submit 30 days in advance of the event)



Name of Event:		Date(s) of Event:		
Name of Booth:		Name of Event Organizer:		
Booth Operator (First Name, Last Name):		Event Address:		
Booth #:	# of Food Employees:	City: _____ Zip: _____		
Mailing Address:		Food Booth Type: <input type="checkbox"/> Pre-packaged <input type="checkbox"/> Pre-packaged with Sampling <input type="checkbox"/> Food Preparation <input type="checkbox"/> Food Demonstrator <input type="checkbox"/> Annual Pre-packaged at CFM <input type="checkbox"/> Annual Pre-packaged with Sampling at CFM <input type="checkbox"/> Annual Preparation at CFM <input type="checkbox"/> Food Truck		
City: _____ Zip: _____				
Telephone #:				
Fax #:				
Onsite Telephone #:				
<input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit* *Attach copy of approved Exemption Certification for Community Event Form				

FOOD TO BE SERVED

All food preparation must be completed either in the approved booth or at a permitted food facility

List food item to be Served (Teriyaki chicken, burrito, popcorn, etc.)	Check if commercially pre-packaged (unopened, original container)	Identify types of preparation at other location (cutting, washing, cooking)	Identify types of preparation at booth (assembly, cooking)	Identify means of temperature control at booth (steam table)

OFFICE USE ONLY:			
Date Received: _____	Amount Paid: _____	Receipt # _____	Approved By: _____

FOOD PREPARATION AT OTHER LOCATION

All food preparation must be completed either in the approved booth or at a permitted food facility. Identify any facility where advanced preparation will take place.

Name of Facility:

Permit #:

Address of Facility:

Name of Facility:

Permit #:

Address of Facility:

HOT/COLD HOLDING EQUIPMENT

Identify methods of maintaining food hot or cold during hours of operation.

Cold Holding:

Mechanical Refrigeration

Ice Chests

Hot Holding:

Steam Table

Chaffing Dishes

At the end of the operating day, all potentially hazardous food that is held at 45°F **shall be destroyed.**

At the end of the operating day, all potentially hazardous food held at or above 135°F **shall be destroyed.**

FOOD PROTECTION

Food to be protected from customer contamination by:

Sneeze Guards

Only pre-packaged Food or Bottled Drink

Hinged Chafing Dishes

Other (Specify): _____

Prepared and stored away from the customers

UTENSILS USED

Will multi-use kitchen utensils (knives, scoops, spatulas, bowls) be used?

Yes

No

Identify all utensils that will be used in food preparation at the food booth:

Multi-use eating and drinking utensils are prohibited (plates, glassware).

FOOD BOOTH CONSTRUCTION AND EQUIPMENT

Food preparation booths must be constructed with 4 sides, a washable floor and overhead protection. Pre-packaged food booths require a washable floor and overhead protection.

Floor

Material: _____

Wall Material: _____

Ceiling

Size of Pass

Material: _____

Through Window: _____

SINK REQUIREMENTS

Warewashing sink with hot and cold running water under pressure provided by:

- Sponsor/Organizer Prepackaged only (not required)
 Food Booth Operator (complete Liquid Waste Disposal section)

Handwashing sink with warm and cold running water provided by:

- Sponsor/Organizer Pre-packaged only (not required)
 Food Booth Operator (complete Liquid Waste Disposal section)

Type of handwashing sink:

- Permanently plumbed sink Self contained portable sink
 Gravity fed unit

Water Source: _____ **Volume of Water:** _____ Gallons

LIQUID WASTE DISPOSAL

Method of liquid waste removal:

- Connected to public sewer Waste tank (_____ Gallons)

Waste tank maintenance schedule _____ per day _____ per hour

Provide the name, address and telephone number of Person(s) responsible for removal of liquid waste:

Name: _____

Address: _____

Telephone: (_____) _____

I have completed the application to the best of my ability. I understand that I may be asked to provide additional information in order for the application to be approved and that the information provided is considered part of the application.

I understand that failure to meet the conditions identified in this application or failure to comply with requirements set forth in the California Health and Safety Code may result in the disposal of food, suspension of my approval to operate and/or may result in the filing of misdemeanor criminal charges.

I understand that once the application is reviewed the application fee is non-refundable.

APPLICATION COMPLETED BY:

Print Name: _____

Signature: _____

Telephone: _____

Cell Phone: _____