



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

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

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

**COMMUNITY FOOD EVENT ORGANIZER APPLICATION**

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

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

Equal Opportunity Employer

**Directions:** This application must be completed and submitted to this office by the event organizer at least **two weeks prior to the event**, along with a completed and signed Community Food Event Vendor Application for **each** booth or food vehicle that will sell or give away food or beverages at the event. **Provide all information requested. Incomplete applications may delay approval.**

<b>EVENT</b>	1. NAME OF EVENT	
	2. LOCATION OF EVENT	3. CITY
	4. DATES OF OPERATION	5. HOURS OF OPERATION

<b>ORGANIZER</b>	6. SPONSERING ORGANIZATION		
	7. CONTACT PERSON		
	8. MAILING ADDRESS	9. CITY	10. STATE
	11. ZIP	12. EMAIL	13. PHONE #
		14. FAX #	

<b>WHO</b>	15. EXPECTED ATTENDANCE	16. NUMBER OF FOOD VENDORS/BOOTHES <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px;"></div>	ATTACH A COMPLETED COMMUNITY EVENT FOOD VENDOR APPLICATION FOR EACH BOOTH.
	17. MAJORITY OF EXPECTED ATTENDEES' AGE <input type="checkbox"/> <7 YEARS OLD <input type="checkbox"/> GENERAL POPULATION <input type="checkbox"/> >50 YEARS OLD		

<b>FACILITIES</b>	17a. WILL POTABLE WATER FROM AN APPROVED SOURCE BE PROVIDED TO THE FOOD VENDORS? <input type="checkbox"/> YES, (source: _____) <input type="checkbox"/> NO	17b. WILL POTABLE ICE FROM AN APPROVED SOURCE BE PROVIDED TO THE FOOD VENDORS? <input type="checkbox"/> YES, (source: _____) <input type="checkbox"/> NO
	18. WILL TOILET FACILITIES BE PROVIDED FOR FOOD WORKERS? <input type="checkbox"/> YES: # _____ permanent / portable <input type="checkbox"/> NO <b>CHAPTER 11: Section 114359. Toilet facilities</b> <b>(a) At least one toilet facility for each 15 EMPLOYEES shall be provided within 200 feet of each TEMPORARY FOOD FACILITY.</b>	
	19. WILL ELECTRICITY BE PROVIDED FOR EACH FOOD VENDOR? <input type="checkbox"/> YES: # _____ <input type="checkbox"/> NO	
	20. ARE JANITORIAL FACILITIES AVAILABLE? <input type="checkbox"/> YES: # _____ <input type="checkbox"/> NO METHOD OF DISPOSAL OF LIQUID WASTE FOR FOOD BOOTHS: _____	
	21. WILL GARBAGE DISPOSAL DUMPSTERS/CANS BE AVAILABLE? <input type="checkbox"/> YES: # _____ <input type="checkbox"/> NO NAME OF GARBAGE DISPOSAL COMPANY (if applicable): _____	

I, \_\_\_\_\_, have read the Community Event guidelines and understand what is expected of me in order to operate my community event. I have provided all required attachments (specified on page 2).

**Organizer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FOR OFFICE USE ONLY:		
A/R No: _____	<input type="checkbox"/> PAID: Invoice# _____ / Exempt	PERMIT NO: _____

**APPROVED:** \_\_\_\_\_

**Date:** \_\_\_\_\_



### COMMUNITY EVENT SITE PLAN

Provide a diagram of the layout of the event indicating the following:

- FOOD VENDORS (please # them)
- ROADS (provide names)
- RESTROOMS
- WATER SOURCE(S)

- JANITORIAL FACILITIES
- GARBAGE AREAS
- OTHER: \_\_\_\_\_

EVENT NAME:

EVENT DATES:

Note: This diagram does not have to be drawn to scale, but linear measurements must be provided for restroom distances from food vendors.

N



Use symbols below



Food Vendor as listed



Garbage Area



Water Source(s)



Restroom Facilities



Janitorial Facilities (to dump waste water)