MERCED COUNTY

DEPARTMENT OF PUBLIC HEALTH
Division of Environmental Health

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Equal Opportunity Employer

COMMUNITY FOOD EVENT ORGANIZER APPLICATION

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.

EVENT

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

ORGANIZER

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

WHO

15. EXPECTED ATTENDANCE	16. NUMBER OF FOOD VENDORS/BOOTHS
17. MAJORITY OF EXPECTED ATTENDEES' AGE ☐ <7 YEARS OLD ☐ GENERAL POPULATION ☐ >50 YEARS OLD	*ATTACH A COMPLETED COMMUNITY EVENT FOOD VENDOR APPLICATION FOR EACH BOOTH.*

FACILITIES

17a. WILL POTABLE WATER FROM AN APPROVED SOURCE BE PROVIDED TO THE FOOD VENDORS? ☐ YES, (source:_____) ☐ NO	17b. WILL POTABLE ICE FROM AN APPROVED SOURCE BE PROVIDED TO THE FOOD VENDORS? ☐ YES, (source: _____) ☐ NO

18. WILL TOILET FACILITIES BE PROVIDED FOR FOOD WORKERS?
☐ YES: #_____ permanent / portable ☐ NO
CHAPTER 11: Section 114359. Toilet facilities
(a) At least one toilet facility for each 15 EMPLOYEEs shall be provided within 200 feet of each TEMPORARY FOOD FACILITY.

19. WILL ELECTRICITY BE PROVIDED FOR EACH FOOD VENDOR?
☐ YES: #_____ ☐ NO

20. ARE JANITORIAL FACILITIES AVAILABLE?
☐ YES: #_____ ☐ NO
METHOD OF DISPOSAL OF LIQUID WASTE FOR FOOD BOOTHS: _____

21. WILL GARBAGE DISPOSAL DUMPSTERS/CANS BE AVAILABLE?
☐ YES: #_____ ☐ 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:_____ PAID: Cash / Credit / Check # _____ PERMIT NO: _____

APPROVED:_____ **Date:**_____

***All of the following must be completed and attached to your application for approval:**
(CHECK OFF BOXES AS YOU COMPLETE THEM)

☐ **Community Event Food Vendor Applications**
☐ Community Event Food Vendor List (application PAGE 2)
☐ Community Event Site Plan (application PAGE 3)
☐ Copy of flyer and/or public newspaper advertisement for the event
☐ Copy of the form/letter which shows approval from City /County Parks & Recreation Department OR a letter from property owner granting authorization for the event to occur on their property **(if applicable)**

COMMUNITY EVENT FOOD VENDOR LIST

NAME OF BOOTH(S) / ORGANIZATION(S) (Booth # refers to their location on your site plan)					**Count of Facilities/Booths** **(Refer to each food vendor application)** *Mark all applicable for each vendor.*		
Booth #	BOOTH / ORGANIZATION NAME	OPERATOR NAME	CONTACT #(s)	MAIN FOOD ITEM (1)	ANNUAL MOBILE FOOD FACILITY	PROFIT	NON-PROFIT

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:**

N

↑

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

Use symbols below

FV# Food Vendor as listed

G Garbage Area

W Water Source(s)

RR Restroom Facilities

J Janitorial Facilities (to dump waste water)