



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

260 East 15th Street
Merced, CA 95341
(209) 381-1100
(209) 384-1593 (FAX)
<http://www.countyofmerced.com/eh>
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. SPONSORING ORGANIZATION | | | |
| | 7. CONTACT PERSON | | | |
| | 8. MAILING ADDRESS | | 9. CITY | 10. STATE |
| | 11. ZIP | 12. EMAIL | 13. PHONE # | 14. CELLPHONE # |

| | | | |
|------------|---|--|---|
| WHO | 15. EXPECTED ATTENDANCE | | 16. NUMBER OF FOOD VENDORS/BOOTHS <div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div> <p style="font-size: small; text-align: center;">ATTACH A COMPLETED COMMUNITY EVENT FOOD VENDOR APPLICATION FOR EACH BOOTH.</p> |
| | 17. MAJORITY OF EXPECTED ATTENDEES' AGE <input type="checkbox"/> <7 YEARS OLD <input type="checkbox"/> GENERAL POPULATION <input type="checkbox"/> >50 YEARS OLD | | |

| | | | | |
|-------------------|--|--|---|--|
| FACILITIES | 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 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? <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# _____ \$ _____ | <input type="checkbox"/> Exempt: _____ | TE#: _____ CE#: _____ |

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)