



SAN MATEO COUNTY HEALTH
**ENVIRONMENTAL
HEALTH SERVICES**

Environmental Health Services

Food Program

2000 Alameda de las Pulgas, Suite #100

San Mateo, CA 94403

Phone (650) 372-6200 | Fax (650) 627-8244
smchealth.org/food

TEMPORARY EVENT - FOOD VENDOR APPLICATION

The Event Coordinator must submit all Food Vendor applications and full payment as one packet at least 14 days before the event. Any applications received directly from a Food Vendor and/or within 14 days of the event will not be accepted. Incomplete applications will not be accepted.

NAME OF EVENT: _____ DATE(S) OF EVENT: _____

BUSINESS INFORMATION

NAME OF BOOTH: _____ CONTACT NAME: _____ PHONE: _____

OWNER: _____ EMAIL: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

If you have previously operated in San Mateo County, provide your Record ID #: **PR or BO** _____ ☐ unable to find

PERMIT TYPE: ☐ RISK CATEGORY 1 (LOW RISK - NO FOOD PREP)
☐ RISK CATEGORY 2 (HIGH RISK - W/FOOD PREP)

FACILITY TYPE: ☐ TEMPORARY BOOTH ☐ KITCHEN
☐ MOBILE FOOD FACILITY (push cart/food truck)

FEE EXEMPTION (submit supporting documents): ☐ VETERAN (DD Form 214) ☐ CHARITABLE ORGANIZATION [501(C)(3)] ☐ BLIND (CA DOR)

To see the most current fee schedule please visit www.smchealth.org/ehfees or click [here](#).

DAY-OF-THE-EVENT DETAILS

PERSON IN CHARGE OF BOOTH: _____ CELL PHONE NUMBER: _____

DEMONSTRATION OF KNOWLEDGE If preparing, handling, or serving non-prepackaged food, the person in charge must demonstrate that he or she has adequate knowledge of food safety principles as they relate to the specific food facility operation.

☐ CERTIFIED FOOD MANAGER ☐ CERTIFIED FOOD HANDLER
Name of Certified Person: _____ Certificate #: _____ Expiration: _____
☐ ATTACHED THE COMPLETED FOOD SAFETY QUIZ ☐ N/A (only pre-packaged non-potentially hazardous food)

BOOTH CONSTRUCTION Food preparation booths must be fully enclosed, constructed with four sides, a washable floor and overhead protection. Pre-packaged food booths require a washable floor and overhead protection. Describe the materials that will be used for the booth.

WALLS: _____ FLOOR: _____
OVERHEAD PROTECTION: _____ ☐ N/A, FOOD EVENT IS INDOORS

FOOD PROTECTION Identify methods of protecting foods from customer contamination (e.g., condiments, samples, etc.).

☐ SNEEZE GUARDS ☐ HINGED COVERS OVER FOOD ☐ PROTECTED DISPENSERS
☐ SINGLE-SERVING PACKETS ☐ ALL FOODS ARE PREPACKAGED Other: _____

ALTERNATE SINK EQUIPMENT

DESCRIBE HAND WASH STATION IN BOOTH: Three Pan Set up



AVAILABILITY OF FACILITIES

WHAT IS YOUR POTABLE WATER SOURCE?

Senior Center

WHERE WILL YOU DISPOSE OF YOUR GARBAGE?

Recology

WHERE WILL YOU DISPOSE OF YOUR WASTE WATER?

Senior Center

TEMPERATURE CONTROL Describe equipment/methods for ensuring proper holding temperatures during transport and the event.

COLD HOLDING DEVICES TO HOLD FOOD
BELOW 45° F (e.g., refrigerator, ice chest, etc.)

HOT HOLDING DEVICES TO HOLD FOOD
ABOVE 135° F (e.g., steam table, crock-pot, etc.)

COOKING AND REHEATING EQUIPMENT (e.g.,
gas grill, microwave, etc.)

Note: Accurate metal-stem probe thermometers are required in all booths.

FOOD/ DRINKS TO BE SERVED List all menu items, attach additional pages if necessary.

Menu Item e.g., teriyaki chicken	Describe how food will be transported e.g., cambro insulated container	Describe any off-site preparation of food e.g., cut and marinated	Describe preparation of this item at the event e.g., cooked on BBQ grill	Describe method for temperature control e.g., ice chest, steam table

OFF-SITE FOOD PREPARATION/STORAGE (select one)

Food prepared at home is not allowed. All food prepared or stored prior to the Temporary Event must be done at a permitted Food Facility (e.g., commissary, restaurant, or church kitchen), an approved Cottage Food Operation (CFO) OR all food must be purchased on the day of the event.

<input type="checkbox"/> FOOD FACILITY AGREEMENT: Completed by food facility Owner	I hereby allow _____ to use my permitted food facility for food preparation, storage, and sanitizing equipment on the following date(s): _____.
FACILITY NAME: _____	OWNER: _____ PHONE: _____
ADDRESS: _____	CITY: _____ COUNTY: _____
NAME AND TITLE: _____	SIGNATURE: _____ DATE: _____
<input type="checkbox"/> PROCESSED FOOD REGISTRATION (PFR) - Attach a copy of PFR Certificate	
<input type="checkbox"/> COTTAGE FOOD OPERATION - Attach a copy of CFO registration or permit. <u>Approved food products only.</u>	
<input type="checkbox"/> N/A - No food will be prepared or stored off-site. All food will be purchased on the day of the event and receipts will be available for inspector.	

BY SIGNING BELOW, I DECLARE UNDER PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS MADE HEREIN ARE CORRECT AND TRUE. I HEREBY CONSENT TO ALL NECESSARY INSPECTIONS MADE PURSUANT TO LAW AND INCIDENTAL TO THE ISSUANCE OF THIS PERMIT AND THE OPERATION OF THE BUSINESS. I UNDERSTAND THAT I WILL BE CHARGED UP TO THREE TIMES THE PERMIT FEE IF FOUND OPERATING WITHOUT A VALID HEALTH PERMIT ON-SITE AT ANY EVENT.

I UNDERSTAND THAT THE FEES ARE NON-REFUNDABLE AND PERMITS ARE NON-TRANSFERABLE.

SIGNATURE: _____ NAME AND TITLE: _____ DATE: _____

Handwritten text, possibly a signature or date, located at the top center of the page.

