



# COUNTY OF SAN MATEO

Environmental Health Services Division  
2000 Alameda de las Pulgas, Suite 100, San Mateo, CA 94403  
Phone (650) 372-6200 Fax (650) 627-8244  
www.smhealth.org/foodforms



## TEMPORARY EVENT - COORDINATOR APPLICATION

All vendor applications must be submitted with a Coordinator Application and full payment at least 14 days before the start of the event. Incomplete and/or late applications will not be accepted.

### COORDINATOR INFORMATION

ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

COORDINATOR NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER (day of event): \_\_\_\_\_

If you have previously operated in San Mateo County, provide your Record ID: \_\_\_\_\_ (e.g., PR/BO/PI/CE00XXXXX)  unable to find

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.smhealth.org/ehfees](http://www.smhealth.org/ehfees) or click [here](#).

### EVENT INFORMATION

TE \_\_\_\_\_ (office use)

NAME OF EVENT: \_\_\_\_\_ DATE(S) OF EVENT: \_\_\_\_\_

EVENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

EVENT WEBSITE: \_\_\_\_\_ EST. ATTENDANCE: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_ VENDOR SET UP TIME: \_\_\_\_\_

EVENT HELD AT:  OPEN FIELD  STREET/PARKING LOT  ENCLOSED BUILDING OTHER: \_\_\_\_\_

WILL THERE BE A PLANNING MEETING FOR FOOD VENDORS?  YES  NO

If YES, enter the date, time and location: \_\_\_\_\_

SITE MAP	NUMBER OF VENDORS PER TYPE	
SUBMIT SITE MAP SHOWING THE LAYOUT OF THE EVENT INDICATING THE LOCATION OF THE FOLLOWING: 1. Food vendor booths, kitchens, trucks and carts 2. Potable water supply 3. Toilets with hand washing facilities 4. Garbage and grease receptacles for food vendors 5. Shared hand washing and ware washing facilities 6. Location of animals, rides and attractions (if applicable)	RISK CATEGORY 1 - LOW RISK, NO FOOD PREP (booth, kitchen or truck/cart)	<input type="text"/>
	RISK CATEGORY 2 - HIGH RISK, WITH FOOD PREP (booth, kitchen or truck/cart)	<input type="text"/>
	SM COUNTY-PERMITTED Mobile Food Facilities (MFF) (trucks or carts <u>not</u> submitting applications)	<input type="text"/>
	<b>TOTAL:</b>	<input type="text"/>

## DAY OF THE EVENT

WILL ELECTRICAL SERVICE BE PROVIDED FOR FOOD VENDORS?

YES

NO

If YES, what is the source?

Public Utility

Generator

POTABLE WATER SOURCE:

Public water supply

Approved private well

### RESTROOM FACILITIES

*One toilet and one handwash sink are required per 15 food workers. Toilets must be located within 200 feet of all food booths. Handwash facilities must be located adjacent to toilets and supplied with warm water, liquid hand soap, and paper towels at all times.*

Total number of toilets: \_\_\_\_\_

Total number of handwash sinks: \_\_\_\_\_

Maximum distance from food booths: \_\_\_\_\_ ft.

WASTEWATER DISPOSAL:

Plumbed to sewer

Approved holding tank

GARBAGE AND GREASE REMOVAL/DISPOSAL:

Location: \_\_\_\_\_

Company: \_\_\_\_\_

### EVENT COORDINATOR CHECKLIST *Complete at least 14 calendar days before the start of the event.*

- Complete the Coordinator Application.
- Submit all Food Vendor Applications with the Coordinator Application as one packet with full payment to Environmental Health. Vendor applications will only be accepted with the Coordinator's packet, no additions or late applications will be accepted.
- Attach a site map of the event.
- Attach a complete list of food vendors. *Include all booths, kitchens and mobile food facilities (trucks/carts). Mobile food facilities must have a valid permit with San Mateo County, out-of-county mobile food facilities must apply as a Temporary Event Vendor.*
- Attach supporting documentation for Coordinator and Food Vendors requesting fee exemption. Fee exemption is subject to approval by this Division.

### EVENT COORDINATOR ACKNOWLEDGEMENT

By signing below, I understand that I may be asked to provide additional information in order for the application to be approved and is considered part of the application. I understand that failure to provide required information will delay or prevent approval of the event.

I understand that failure to meet the conditions approved in this application may result in the suspension of approval to operate the event, suspension of the approval to operate the affected food booths, and/or may result in the filing of misdemeanor charges. *California Retail Food Code Section 114395*

I understand that I am responsible for obtaining approval from all applicable agencies, including the local fire department, planning department and Alcohol Beverage Control.

I declare under penalty of perjury that to the best of my knowledge and belief, the statements made herein are correct and true. I consent to all necessary inspections made pursuant to law and incidental to the issuance of this permit and the operation of business.

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_