



TEMPORARY EVENT PERMIT CALCULATION SHEET

Please see our website smchealth.org/food for the most up to date forms and fees

EVENT NAME	EVENT DATE	COORDINATOR NAME & PHONE NUMBER

QTY	DESCRIPTION	FEE EACH	TOTAL
	1580 - TEMP EVENT COORDINATOR	\$ 198.00	\$ -
	1583 - FEE EXEMPT TEMP EVENT COORDINATOR	\$0	
	1581 - TEMP EVENT - NO PREP (RC 1)	\$ 100.00	\$ -
	1582 - TEMP EVENT VENDOR - W/FOOD PREP (RC 2)	\$ 149.00	\$ -
	1584 - FEE EXEMPT TEMP EVENT VENDOR	\$0	
	1540-1543 - SAN MATEO COUNTY PERMITTED MOBILE FOOD FACILITY	\$0	
	OTHER:	\$	\$ -
TOTAL		\$	\$ -



FOR INTERNAL USE ONLY	
Invoice #	
FA/SR #:	
Date:	
Amount Paid/ Comments:	

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