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
ehspecialevents@smcgov.org

TEMPORARY EVENT - COORDINATOR APPLICATION

All Vendor Applications must be submitted with a Coordinator Application as one complete packet with full payment at least 14 days before the start of the event. Incomplete and/or late applications will incur late fees or be denied. Payments cannot be made to or accepted by inspectors. Payments must be made in person at the at the Environmental Health Services office, by mail, by phone at (650) 372-6200, or online through the **MyEHS Portal**.

COORDINATOR INFORMATION

ORGANIZATION NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

COORDINATOR NAME: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____ PHONE NUMBER (day of event): _____

FEE EXEMPTION (if applicable): ☐ VETERAN (*DD Form 214*) ☐ CHARITABLE ORGANIZATION [*501(C)(3)]* ☐ BLIND (*CA DOR)*

Submit supporting documents

A fee exemption status does not exempt from penalties due to late submissions.

EVENT INFORMATION

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

EVENT ADDRESS: _____ CITY: _____

HOURS OF OPERATION: _____ VENDOR SET UP TIME: _____

EVENT HELD AT: ☐ OPEN FIELD ☐ STREET/PARKING LOT ☐ ENCLOSED BUILDING ☐ OTHER: _____

EVENT DETAILS CHECKLIST

☐ Submit all food vendor applications with the Coordinator Application as one packet with full payment to Environmental Health Services. 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 with legend and corresponding icons or labels.

- Location of all vendors booths, kitchens, trucks and carts.
- Label the number of restrooms/toilets.
- Label locations of shared handwash sinks and warewashing sinks.
- Label location of trash/refuse and grease receptacles.
- Label location of animal, rides, and attractions (if applicable)
- Label location of wastewater disposal. **Circle type: Plumbed to sewer or Approved holding tank**
- Provide power source information for the event. **Circle source: Generator or Public Utility or both**
- Provide information on potable water source. **Circle source: Public Water Supply or Approved Well Water or Hauled Water**

☐ Attach a complete list of food vendors. ***Include all booths, kitchens, and mobile food facilities (trucks/carts).***

☐ Attach supporting documentation for coordinator and food vendors requesting fee exemption. Fee exemption is subject to approval by Environmental Health Services.

NUMBER OF VENDORS PER TYPE

RISK CATEGORY 1A - PRE-PACKAGED FOOD/BEVERAGE (prepackaged: soda, water bottles, chip bags, beer cans)	
RISK CATEGORY 1B -PRE-PACKAGED FOOD/BEVERAGE (dispensing beer from keg, pouring wine, sampling chips from bag)	
RISK CATEGORY 2 - HIGH RISK, WITH FOOD PREP (hamburgers, barbecue, mixed drinks bars, boba, MFF without SMC permit)	
XL RISK CATEGORY 2 - HIGH RISK, WITH FOOD PREP (booth sizes 20'x10' or more)	
SAN MATEO COUNTY PERMITTED Mobile Food Facilities (MFF) (trucks or carts **not** submitting applications)	
TOTAL NUMBER OF VENDORS:	

FEE CALCULATOR

SMC PERMITTED MFF & NON-PROFIT VENDOR	$ 0
TOTAL PAYMENT DUE:	

To see the most current fee schedule please visit smchealth.org/ehfees.

I understand that I may be asked to provide additional information in order for the application to be reviewed and approved. Failure to provide required information will delay or prevent approval of the event/vendor(s). 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 am responsible for obtaining approval from all applicable agencies, including the local fire department, planning department, and Alcoholic Beverage Control. I declare under penalty of perjury that to the best of my knowledge, 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.

I understand that I will be charged up to three times the permit fee if found operating without a valid health permit. Fees are non-refundable and permits are non-transferable.

SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____