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 - FOOD VENDOR APPLICATION

The Event Coordinator must submit all food Vendor Applications with full payment *as one packet* at least 14 days before the event. Any applications received directly from a food vendor will not be accepted. Incomplete and/or late applications will incur late fees or be denied.

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

BUSINESS INFORMATION

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

OWNER: _____ EMAIL: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PERMIT TYPE:

- ☐ **RISK CATEGORY 1A** - PRE-PACKAGED FOODS/BEVERAGES (prepackaged: soda, water bottles, chip bags, beer cans)
- ☐ **RISK CATEGORY 1B** - PRE-PACKAGED FOODS/BEVERAGES* (dispensing beer from keg, pouring wine, sampling chips from bag)
  Requires handwashing station.
- ☐ **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 Size 20'x10' or more)

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

FACILITY TYPE:

- ☐ TEMPORARY BOOTH
- ☐ INDOORS
- ☐ MOBILE FOOD FACILITY (push cart/food truck/trailer)

FEE EXEMPTION (if applicable):

Submit the Fee Exemption Affidavit Form with supporting exemption documents. The Fee Exemption Affidavit can be found at smchealth.org/myehs.

- ☐ VETERAN (DD Form 214)
- ☐ CHARITABLE ORGANIZATION [501(C)(3)]
- ☐ BLIND (CA DOR)

DAY OF EVENT DETAILS

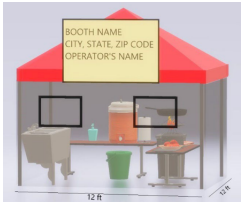
PERSON IN CHARGE OF BOOTH: _____ CELL PHONE #: _____

(Must be present at all times)

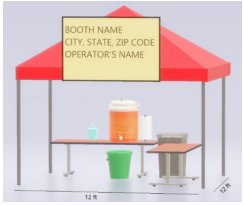
B. BOOTH CONSTRUCTION

- ☐ **TFF is within a permanent building/structure** - no need to list materials in this section. Proceed to Section C.
- ☐ **TFF is outdoors/not within a building/structure** - if your wall/floor/overhead protection materials aren't listed in the example, specify the materials you are using in the fields below.

Example of enclosed structure



Example of unenclosed structure



Examples of **approved wall materials include screens, canvas, and wood.** If other, please specify: _____

Examples of **approved floor materials include asphalt, concrete, wood, and tarp.** If other, please specify: _____

Examples of **approved overhead protection materials include screens, canvas, and wood**. If other, please specify: _____

All TFFs require a washable floor, approved floor materials, and overhead protection. Moderate and Extensive preparation TFFs must also be constructed with:
- Four (4) sides and pass-through windows

Please see Temporary Food Facility Self-Inspection Checklist for a fuller description of requirements.

C. FOOD PROTECTION

Identify methods to protect foods from contamination. Check all that apply.

- ☐ SNEEZE GUARDS (e.g. Plexiglass)
- ☐ HINGED CHAFING DISHES
- ☐ PRE-PACKAGED FOOD OR BOTTLED DRINKS
- ☐ PREPARED & STORED AWAY FROM CUSTOMERS
- ☐ OTHER (PLEASE SPECIFY): _____

D. SINK REQUIREMENTS

Type of **warewashing** and **handwashing sink**. Check one for each category.

WAREWASHING

- ☐ **PERMANENTLY PLUMBED SINK** REQUIRED IF EVENT IS MORE THAN 3 CONSECUTIVE DAYS
- ☐ **PRE-PACKAGED ONLY** (EXEMPT FROM REQUIREMENT)
- ☐ **WASH, RINSE, & SANITIZE** USING THREE COMPARTMENTS/CONTAINERS
- ☐ **SELF-CONTAINED PORTABLE SINK** (refer to example)

HANDWASHING

- ☐ **PERMANENTLY PLUMBED SINK** REQUIRED IF EVENT IS MORE THAN 3 CONSECUTIVE DA
- ☐ **PRE-PACKAGED ONLY** (EXEMPT FROM REQUIREMENT)
- ☐ **SELF-CONTAINED PORTABLE SINK** (refer to example)

Example of Wash, Rinse, & Sanitize Setup

Example of Self-contained Portable Sink

E. AVAILABILITY OF FACILITIES

Prepackaged, RC1A (no sampling) are exempt from providing the availability of services. Proceed to Section F.

POTABLE WATER SOURCE: ☐ PERMITTED FACILITY ☐ PURCHASED DAY OF EVENT ☐ EVENT/COORDINATOR VENUE ☐ OTHER (PLEASE SPECIFY): _____

GARBAGE DISPOSAL: ☐ PERMITTED FACILITY ☐ COMMISSARY ☐ EVENT/COORDINATOR VENUE ☐ OTHER (PLEASE SPECIFY): _____

WASTE WATER DISPOSAL: ☐ PERMITTED FACILITY ☐ COMMISSARY ☐ EVENT/COORDINATOR VENUE ☐ OTHER (PLEASE SPECIFY): _____

F. TEMPERATURE CONTROL

Describe equipment/methods for ensuring proper holding temperatures during transport and at the event. **NOTE: ACCURATE METAL-STEM PROBE THERMOMETERS ARE REQUIRED IN ALL BOOTHS.**

☐ **COLD HOLDING DEVICES TO HOLD FOOD BELOW 45° F** (e.g., ice chest, portable refrigerator w/ generator, refrigerator truck, etc.)

☐ **HOT HOLDING DEVICES TO HOLD FOOD ABOVE 135° F** (e.g., food made to order, steam table, crock-pot, etc.)

☐ **COOKING AND REHEATING EQUIPMENT** (e.g., gas grill, microwave, plancha, deep fryer, etc.)

☐ **NO TEMPERATURE CONTROL NEEDED - ALL FOODS SOLD ARE NON-POTENTIALLY HAZARDOUS FOODS** (e.g. chips, water, soda)

G. FOOD/DRINKS TO BE SERVED

List all menu items, attach additional pages if necessary.

e.g. teriyaki chicken					

Describe any off-site food preparation

☐ Cooked and cooled onsite ☐ Cooked and cold/hot held during transportation ☐ Prepackaged

Describe preparation of menu items at event

☐ Prepared/Cooked/Reheated Onsite ☐ Cooked in advance & portioned onsite ☐ Assembled onsite (e.g. shaved ice, mixed drinks/cocktails)

☐ Bulk dispensing (e.g. beer from a keg, beverages, coffee from a dispenser) ☐ N/A - prepackaged only

H. OFF-SITE FOOD PREPARATION/STORAGE

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.

PERMITTED FOOD FACILITY AGREEMENT:

I (Temporary Food Facility/Certified Farmers' Market Vendor) attest that I will be operating at a permitted food facility for food preparation, storage, and sanitizing equipment on the following date(s): _____

FACILITY NAME: _____ **OWNER:** _____ **PHONE:** _____

ADDRESS: _____ **CITY:** _____ **COUNTY:** _____

VENDOR NAME AND TITLE: _____ **VENDOR SIGNATURE:** _____ **DATE:** _____

Select one check box below.

☐ **PERMITTED FOOD FACILITY -** Attach a copy of permit if facility is outside of San Mateo County.

☐ **PROCESSED FOOD REGISTRATION (PFR) -** Attach a copy of PFR Certificate.

☐ **COTTAGE FOOD OPERATION -** Attach a copy of CFO registration or permit. **Approved food products only.**

☐ **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. Inspections shall be conducted based on inspectors' availability.

Note: Any information contained in this application is a matter of public record and is available to the public under the California Public Records Act.

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.

SIGNATURE: _____ NAME AND TITLE: _____ DATE: _____