



CONTRA COSTA
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APPLICATION FOR CHARITABLE TEMPORARY FOOD EVENT PERMIT

Payment and completed application packet must be submitted to Environmental Health by the Event Coordinator. Only pick up/to go distribution is allowed. There must be no consumption of food on-site. Prepared foods should be in containers ready for pick up.

The following documents must be submitted for a Charitable Temporary Food Event Permit:

1. Completed Application for Charitable Temporary Food Event Permit.
2. Vendor/Operator Information Form.
3. Copy of IRS 501 (3) (c) non-profit organization.
4. \$45.00 Application Fee.

I. EVENT INFORMATION:

NAME OF CHARITABLE EVENT:	EVENT ORGANIZATION NAME / IN PARTNERSHIP WITH:	EVENT DATE: EVENT START AND ENDTIMES:
EVENT SITE ADDRESS:		CITY/ZIP:
	Charitable Non-Profit Tax ID # (attach IRS Letter)	# of Meals Being Served: _____
EVENT COORDINATOR NAME:	DAYTIME PHONE #:	ONSITE CONTACT PHONE #:
ADDRESS:	CITY/ZIP:	EVENT COORDINATOR E-MAIL:

II. Attach a sketch or site map of event layout and location of restrooms and garbage.

EVENT LOCATION DETAILS:

		Outdoors
Is water supplied and available for each food booth/table?	Yes	No
Is electricity supplied and available for each food booth/table?	Yes	No
Are approved hand washing stations available at each booth/table?	Yes	No
Method of liquid waste disposal for food booths/table:		
Number of chemical toilets provided:		
Sanitary garbage disposal company and number of dumpsters:		

I understand that improperly handled food served to the public can cause illness. I further understand that to prevent foodborne illness, and to encourage the sanitary handling of food, temporary food facilities should be operated and equipped to comply with applicable requirements of the **California Health & Safety Code, Division 104, Part 7, California Retail Food Code**. I have been given a copy of the handout *Requirements for Temporary Food Facilities*.

Signature(s) Event Coordinator(s): _____ Date: _____

FOR OFFICE USE ONLY					
FA #:	AR #	P/E:	TE#		REHS:
AMOUNT DUE: \$		AMOUNT PAID: \$		RECEIPT #:	RECEIVED BY:
CHECK #:	<input type="checkbox"/> CASH <input type="checkbox"/> MC <input type="checkbox"/> VISA		DATE RECEIVED:	SUPERVISOR:	

To be Completed by EACH Food/Beverage Vendor/Operator and submitted to Event Coordinator

VENDOR/OPERATOR INFORMATION		
Name of Charitable Event:	Date:	Event Set Up Time:
Event Location:	On Site Contact Person:	
Name of Vendor Organization or Company:	On Site Phone #:	
Mailing Address, City, Zip of Vendor/Operator:	E-mail address of Vendor/Operator:	
Non-profit		

Type of all food/beverage to be sold or given away: *(Include beverages, ice, condiments, or attach a menu).*

Source(s) of all food/beverages purchased/prepared: *Name of Restaurant, Caterer, Cottage Food Operator, BevMo, Cosco, Safeway, etc.*

Type of holding/cooking equipment to be used: *(i.e: ice chest, barbeques, fryers, chafing dishes, steam table, etc.)*

Checklist Completed by Food/Beverage Vendor/Operator

Pre Packaged Food/Beverages Only

All food/beverages will be prepackaged and no food preparation will be conducted in the booth.

Overhead protection and approved floor cover will be on site because I am selling prepackaged food/beverages only. Yes No

Non Pre Packaged Food/Beverages

- | | | |
|---|-----|-----------------------------|
| 1. I understand I can not prepare food/beverages at home. | Yes | No |
| 2. I am preparing all food/beverages on-site | Yes | No |
| 3. I am preparing and storing all food/beverages in an approved commissary/production kitchen
<u>If Yes, Attach Commercial/Production Kitchen Agreement.</u> | Yes | No |
| 4. I am preparing approved foods in my CC County registered/permitted Cottage Food Operation <i>(attach permit copy)</i> . | Yes | No <input type="checkbox"/> |
| 5. I will provide an accurate probe thermometer to measure the hot and cold holding of potentially hazardous food during all times of booth operation. | Yes | No <input type="checkbox"/> |

I am providing the following minimum hand washing facilities:

- | | | |
|---|-----|----|
| 6. Water supply dispenser (5-10 gallons) with hands free spigot. | Yes | No |
| 7. Booths with open food/beverage preparation will be required to have water temperature of 100°F for hand washing. | Yes | No |
| 8. One separate tub (bucket or basin) for collection of rinse/waste water. | Yes | No |
| 9. Pump style soap container. | Yes | No |
| 10. Paper towels & trash receptacle. | Yes | No |

I am providing the following items within my booth for the sanitary cleaning of food preparation utensils:

- | | | |
|---|-----|----|
| 11. Three (3) compartment container (basin 6-8 inches minimum); (1) Detergent & Water, (2) Clean rise water (3) Appropriate sanitizing solution, 4) Test strips for checking sanitizer. <i>See page 4</i> | Yes | No |
|---|-----|----|

I am protecting the non pre packaged food/beverage preparation areas from insects, dust, and the public by the following method:

- | | | |
|---|-----|----|
| 12. A booth with walls and ceiling constructed either of wood, canvas or other approved materials with fine mesh fly screening, completely enclosing open food areas. | Yes | No |
| 13. A booth with cleanable flooring (concrete, asphalt, tight wood or other similar cleanable material are acceptable). | Yes | No |
| 14. Food/beverage supplies will be stored at least 6 inches off the ground. | Yes | No |

I have read the handout on [Requirements for Temporary Food Facilities](#) and will follow the guidelines provided in this handout.

Completed by (signature): _____	Date: _____
Please print name: _____	
Event Coordinator: _____	Date: _____