



TULARE COUNTY

HEALTH & HUMAN SERVICES AGENCY

Environmental Health Services

5957 S Mooney Blvd, Visalia, CA., 93277-9394
559 624-7400 ♦ FAX 559 733-6932

TO: COMMUNITY EVENT **FOOD BOOTH OPERATORS**

FROM: TULARE COUNTY ENVIRONMENTAL HEALTH SERVICES

RE: TEMPORARY FOOD EVENTS HEALTH PERMITS

Community events that include serving food to the public present challenges to both professional and volunteer food vendors alike. The goal of providing safe food is shared by everyone involved. While professional food vendors are usually familiar with regulatory requirements, often volunteers are not. Tulare County Environmental Health strives to work with the event organizer and food vendors to help make your event a success.

Food vendors participating in community temporary food events are required to observe the following:

1. All foods must be prepared at an approved food facility with a valid health permit kitchen such as a commercial food facility or onsite at the temporary food stand. Food that has been stored or prepared in a private home **may not be sold, offered for sale, or given away** in a temporary food facility with the exception of an approved Cottage Food Facility.
2. The Food Booth Health Permit Application Form must indicate the type of food which will be served and the location of the approved food facility where any or all food preparation will occur. The completed form and fees must be returned to the Event Organizer. The organizer must submit all completed vendor applications and fees **at least two (2) weeks prior** to the event.
3. Read and follow the **“Temporary Food Facility Guidelines”**.

Temporary Food Vendor Fees effective July 1, 2015:

- 1-2 consecutive day events - \$56
- 3 or more consecutive day events - \$83
- Annual Single Vendor - \$342
- 1-2 consecutive day Prepackaged/Food Sampling events - \$20
- 3 or more consecutive day Prepackaged/Food Sampling events - \$31
- Annual Single Vendor Prepackaged/Food Sampling events - \$42

If you have any questions or need clarification on any item, please feel free to contact the event organizer or this office at (559) 624-7400.

*U.S. military veterans owning the product being sold from mobile food facilities or temporary event facilities may be exempt from paying the fees if they submit proof of an honorable discharge along with the enclosed Affidavit for Veteran's Fee Exemption in addition to the completed Food Vendor Application Form. (exemptions cannot be granted for alcohol sales)



TEMPORARY FOOD EVENT VENDOR APPLICATION FORM

Tulare County Environmental Health Services
5957 S Mooney Blvd, Visalia, CA., 93277
559 624-7400 • FAX 559 733-6932

EACH VENDOR IS TO RETURN THIS FULLY COMPLETED APPLICATION
AND THE APPROPRIATE HEALTH PERMIT FEE TO THE EVENT ORGANIZER

Name of Event: _____

Event Date(s): _____ Food Sales Start Time: _____

Event Address/Location: _____ City: _____

Business/Organization Name: _____

Business Mailing Address: _____ City/State/Zip: _____

Applicant Name: _____ Phone: () _____

Email Address: _____ Booth Number: _____

PERMIT TYPE:

Indicate the Single Event Temporary Health Permit you are applying for:

- Single Event Vendor Food Prep 1-2 days (\$56) Single Event Vendor Food Prep 3+ days (\$83)
- Single Event Vendor Prepackaged 1-2 days (\$20) Single Event Vendor Prepackaged 3+ days (\$31)
- Veteran Exemption (complete Veterans exemption affidavit form – see enclosed, & attach DD214 form)

Indicate the Tulare County Annual Permit you hold: (Annual Permit holders must attach a copy of their active permit)

Permit Name: _____ Facility ID: _____ Permit Expiration Date: _____

Tulare County Mobile Food Facility - Indicate Cart # or License Plate #: _____

Tulare County Catering Permit Annual Single Vendor Annual Prepackaged/Food Sampling Permit

FOOD OPERATION TYPE: (Check all that apply)

- Pre-packaged food Pre-packaged with food sampling Food Demonstration Food Preparation
- Food booth operator is registered with IRS as a non-profit 501 (c) 1-10, or 19 organization

PREPACKAGED VENDOR REQUIREMENTS

NOTE: Prepackaged food vendors are only required to complete the first page of this application

- All temporary food facilities shall provide a sign with the facility name, operator name, city, state, and zip.
- Pre-packaged food booths require overhead protection made of wood, canvas, or other to protect from elements.
- Pre-packaged food/beverages shall be kept 6 inches off the floor at all times.
- At the end of the operating day, all Potentially Hazardous Foods that are held at 45 °F **shall be destroyed.**
- At the end of the operating day, all potentially hazardous foods held at or above 135 °F **shall be destroyed.**
- **Handwash sinks are required if sampling food, a warewash sink is required if you are serving for more than 4 hours.**
- List the items you will be selling/serving: _____
- I understand that if I process or can the food item I may have to submit a Processed Food Registration or Cannery License from the California Department of Public Health.

By signing this form I agree to comply with the above noted requirements, that the fees are nonrefundable and nontransferable, and certify to the best of my knowledge the statements made herein are true and correct.

Applicant Signature: _____ **Date:** _____

(OFFICE USE ONLY) Payment Type: _____ Receipt #: _____ OA Initials: _____ Paid Amount: _____

Note: Vendors Conducting food preparation must complete the entire application.

POTABLE WATER

Water source is from (check one): A City Public Water System, Bottled Water, CDPH Licensed Water Vending Machine, CDPH licensed Water Hauler, or a Private Non Ag Well (Must provide Bacteriological, Nitrate, & Nitrite testing results and meet Safe Drinking Water Standards)

MENU

Food preparation shall be done either in an enclosed Temporary Food Facility or at a permitted food facility

List food items to be served: (tacos, burritos, nachos, etc.)	Check if commercially pre-packaged: (unopened original containers)	Identify types of preparation at offsite permitted kitchen: (cutting, washing, cooking)	Identify types of preparation at booth: (assembly, portioning, cooking, etc.)	Describe how food will be transported from a permitted food facility to the Temporary Food Facility: (ice chest, chafing dish, etc.)
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

- Check here if preparing ALL food inside the food booth on the day of the event and skip to page 3.
- Check here if preparing any food at a commercial kitchen and fill out the Kitchen Authorization below.

COMMERCIAL KITCHEN AUTHORIZATION

Complete this section if you are going to prepare food ahead of time at an Env. Health permitted kitchen.
No food shall be prepared at home. Permitted Cottage Food is allowed.

The food vendor listed on this form has permission to use the commercial kitchen named below for preparing and storing food on the following dates:

Business Name Of Kitchen:		Address Of Kitchen:	
City:	State:	Zip:	Phone:
Facility ID:		Type of Permit:	Permit Expiration Date:
Owner Signature:		Print Name:	Date:

If the commercial kitchen in which food preparation will take place is located outside of Tulare County, the Local Environmental Health Department must sign below authorizing use of the commercial kitchen, and verifying a current permit.

Signed by: _____ Print Name: _____ Date: _____

Environmental Health Specialist

County of: _____

Note: Complete the remainder portion of application in lieu of site plan.

HOT/COLD HOLDING EQUIPMENT

Identify methods of maintaining hot food hot, or cold food cold during hours of operation. Check all that apply.

Cold Holding at 45°F or below: Mechanical Refrigerator Ice Chest Cold Table
 N/A Other (Specify): _____

At the end of the operating day, all potentially hazardous foods that are held at 45°F **shall be destroyed.**

Hot Holding at 135°F or above: Steam Table Chafing Dishes Electric Soup Warmer
 Hot Holding Cabinet Hot Dog Roller Grill Electric Rice Cooker/Warmer
 N/A Other (Specify): _____

At the end of the operating day, all potentially hazardous foods held at or above 135°F **shall be destroyed.**

- A health department approved probe thermometer will be provided to monitor food temperatures.
- A health department approved refrigerator thermometer will be provided for all cold holding equipment (refrigerators, freezers, & ice chests)

FOOD PROTECTION

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

Sneeze Guards Hinged Chafing Dishes Serving Tongs
 Serving/ Sampling Plate with Lid Prepared and Stored away from the customers N/A
 Food Compartments Other (Specify): _____

FOOD BOOTH CONSTRUCTION

See Temporary Food Facility Guidelines available online or at our office for a full description of requirements.

***All temporary food facilities shall provide a sign with the facility name (in 3 inch size letters), and operator name, city, state, and zip (in 1 inch size letters).**

All temporary Food Facilities that handle non-prepackaged food require:

- **Floors** constructed of concrete, asphalt, tight wood, or other cleanable material in good repair.
- **Overhead protection** made of wood, canvas, or other to protect food preparation, food storage, and warewashing areas from rain, dust, bird/insect droppings and other contaminants.
- **Full Enclosure** of the facility with 16 mesh per square inch screens, and pass-thru windows.
 - (Does not apply for facilities conducting limited prep if insects, vermin, and birds are absent due to location of the facility or other limiting conditions. If conditions change, vendor must be prepared to enclose booth).

Limiting display and handling of nonprepackaged food in food compartments.

Floor Material: _____ Wall Material: _____

Ceiling Material: _____ Size of Pass-Thru Window: _____

SINK REQUIREMENTS

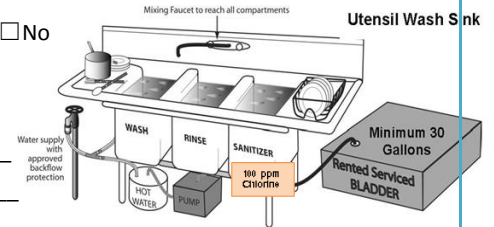
Please Indicate what warewash sink you will have access to during the event. Warewashing sink is (check only one):

- Provided by the Event Organizer
 I will provide my own Warewash sink
 I will be sharing with another Temporary Food Vendor – I will be sharing the sink with the following vendor: _____
- Warewash sink is not Required – If the booth operates less than 4 hours per day, & provides extra utensils that are clean and sanitized.
- Located inside Restaurant and restaurant is within 100 feet of food booth. Restaurant Name: _____

If you are providing a 3 compartment sink, are you allowing other food vendors to use it? Yes No

Type of Warewashing Sink (Check only one): Portable Sink with waste water tank

- Permanently plumbed sink Fresh Water Tank Size in Gallons: _____
 Self-Contained portable sink Waste Water Tank Size in Gallons: _____



List the other food vendor(s) you will allow to use your three compartment sink (up to three vendors allowed)

1. _____ 2. _____ 3. _____

If you are providing a three compartment sink, specify how waste water will be disposed.

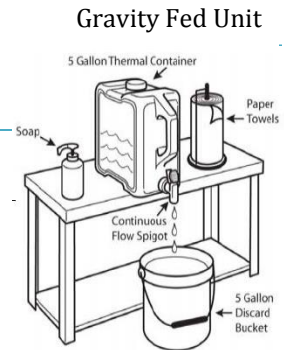
Waste tank will be emptied in, municipal sewer connection, onsite septic system, or other _____

Handwashing sink provided inside food booth by (check only one):

- Event Organizer
 Food Booth Operator
 Not required (if serving prepackaged foods)

Type of Handwashing sink (check only one):

- Gravity Fed 5 Gallon Unit with hands free dispensing, warm water, hand soap, paper towels, and an approved Waste water receptacle. – **Is only allowed if event is less than 3 consecutive days**
 Permanently Plumbed or Self Contained Portable Sink – **required if event is more than 3 consecutive days**



CLEANING AND REFUSE DISPOSAL

Will multi use utensils (knives, scoops, spatulas, etc.) be used inside the booth for food preparation? Yes No

If marked yes, I will clean the utensils every 4 hours in a warewash sink.

If marked no, if the event is less than 4 hours I will bring extra utensils and replace as needed.

I will clean food equipment at least every 4 hours, and I will clean the booth structure as often as needed.

Refuse will be disposed of as often as needed, and at the end of the event at the organizer's designated location.

By signing this form I agree to comply with the above noted requirements, that the fees are nonrefundable and nontransferable, and certify to the best of my knowledge the statements made herein are true and correct.

Applicant Signature: _____ **Date:** _____

This form is available at tchhsa.org/foodsafety click on the **resources** link.



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VETERAN'S FEE EXEMPTION REQUEST FORM

This exemption is in accordance with Section 16102, Business and Professions Code, which allows every United States Veteran, who has received an honorable discharge or a release from active duty under honorable conditions, to hawk, peddle, sell any goods, or merchandise owned by him, (except spirituous, malt, vinous or other intoxicating liquor), without payment of any license, tax or fee to vend the merchandise.

This affidavit is to be filed with the Tulare County Environmental Health Services Division in conjunction with the application for a Health Permit to sell or give away food to the public.

Business Name: _____

Business Location: _____

Mailing Address: _____ City: _____

Business Owner (Veteran): _____ Phone #: _____

Owner Address: _____ City: _____

Business Description: Describe kinds of food sold and type of facility sold from:

Are you selling or giving away any alcoholic beverages or foods? Yes No

Were you honorably discharged/released from the US Services? Yes No

Are you the sole owner of the goods being vended? Yes No

Verification of Owner Veteran Identity:

Drivers License No.	State	Expiration Date	Birth Date
_____	_____	____/____/____	____/____/____
Service Branch:	Army <input type="checkbox"/>	Navy <input type="checkbox"/>	USMC <input type="checkbox"/>
		USAF <input type="checkbox"/>	USCG <input type="checkbox"/>

Service Documentation: Attach a copy of Veterans **Honorable Discharge Form (DD214)**.

I DECLARE UNDER PENALTY OF PERJURY, BY THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

Signature _____ Date _____ Account # _____

Approved: Denied: _____
Environmental Health Specialist Date _____

Reason: _____