



APPLICATION TO OPERATE A TEMPORARY FOOD FACILITY (TFF)

Complete BOTH sides of this form. RETURN TO THE EVENT COORDINATOR with applicable fees and documentation.
Applications, fees must be submitted to this department by the Event Coordinator at least 2 weeks before the event.

Incomplete/late applications may not be approved or the menu may be restricted.
 Once the application is approved, NO changes may be made without approval of this Department.
 Unauthorized changes may result in permit suspension.

For applications, application directions, and TFF requirements, go to www.ehinfo.org > Consumer Protection Division > Temporary Events.

BUSINESS INFORMATION		EVENT INFORMATION	
Business Name / DBA		Event Name	
Owner Name or Care Of Name		Event Location	
Owner Address		Event Address	
City and Zip Code		City and Zip Code	
Owner Phone		Event Date(s)	Event Time(s)
Owner Cell Phone		Event Date(s)	Event Time(s)
Facility #: FA <small>(Your facility # will appear on your permit. Refer to it for future application submittals.)</small>		Event Date(s)	Event Time(s)
E-mail Address		Event Coordinator Name and Phone	
TEMPORARY FOOD FACILITY (TFF) INFORMATION		DECLARATION OF NON-PROFIT STATUS (if applicable)	
Facility Status: <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit (complete the Non-Profit section to the right) <input type="checkbox"/> Annual Temporary Event Permit Holder <input type="checkbox"/> Veteran (submit copy of Honorable Discharge, DD214)		Facility Type: <input type="checkbox"/> Booth <input type="checkbox"/> Indoor Event <input type="checkbox"/> Food Vehicle <input type="checkbox"/> Food Cart	
<input type="checkbox"/> Food/Beverage Sampling Only - NO FOOD SALES		<input type="checkbox"/> Facility Set-Up Time	
Name of Temporary Food Facility		"Non-profit charitable temporary food facility" means either of the following: (a) A temporary food facility, as defined in CalCode section 113930, that is conducted and operated by a corporation incorporated pursuant to the Non-profit Corporation Law (Dev. 2 [commencing with section 5000], Title 1, Corp. C), that is exempt from taxation pursuant to paragraphs (1) to (10), inclusive, and paragraph (19) of section 501(c) of the Internal Revenue Code and section 23701d of the Revenue and Taxation Code. (b) An established club or organization of students that operates under the authorization of a school or educational facility.	
Person in Charge Day of Event		Organization Name	
Person in Charge Cell Phone #		Tax ID#	Tax Exempt Status
BOOTH CONSTRUCTION INFORMATION		If your organization has no Tax ID#, describe entitlement to non-profit/charitable status. Attach any relevant documentation.	
Overhead Covering: <input type="checkbox"/> Canvas <input type="checkbox"/> Wood <input type="checkbox"/> Other:		"I declare under penalty of perjury that the foregoing is true and correct."	
Floor: <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Tarp <input type="checkbox"/> Other: <small>(Grass or Dirt surfaces must be covered with approved tarps or plywood.)</small>			
Walls: <input type="checkbox"/> Screens <input type="checkbox"/> Canvas <input type="checkbox"/> Wood <input type="checkbox"/> Other: <small>(Enclosed food booth required if unpackaged foods are handled.)</small>			
Booth supplier: <input type="checkbox"/> My own <input type="checkbox"/> Supplied by Event <input type="checkbox"/> Rent from:		Signature	Date

The undersigned hereby applies for a Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures necessary to ensure compliance. Additionally, the undersigned is aware that non-compliance may result in closure of the temporary food facility. Re-inspections may be subject to additional fees.

I have read and understand the Requirements for Temporary Food Facilities in the County of Santa Clara and hereby agree to adhere to them.

Payment of the required fee to secure a valid permit is required before commencing or continuing operations. Failure to do so may result in a misdemeanor citation, permit suspension/revocation proceeding, and/or closure.

Applicant Signature _____ Print Name _____ Date _____

2010 TE Vendor App ~ p1/2	Office Use Only	OW#	FA#	PR#	EV#	Menu Type
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FOOD INFORMATION: A complete listing of ALL food/beverage products prepared, served, sold, sampled, or given away from your facility must be detailed below (attach additional sheets if necessary.)

Event Name:

Event Date(s):

Booth Name:

Menu Item(s) Include food, sampling, beverages, condiments and all extra ingredients served with each item.	Food Prepared		Item or food sample will be served:					Preparation Methods:					Storage and Delivery:		
	* Prepared in Advance	At Event	Pre-packaged	Hot	Cold	Room Temperature	Cook to Order	Thaw	Cut / assemble / portion	Cook / bake / grill	BBQ / Deep fry	Reheat	List equipment to be used (e.g., cold-holding and hot-holding devices, rapid reheating methods, cooking equipment, sneeze guard protection) AND any additional preparation methods. If time coding is used, submit a written procedure.	Indicate food storage location and method when event is not operating (if food will remain in booth, state so)	Length of time in transport
<i>Example: Hamburger</i>	X			X				X			X				
<i>Example: Lasagna</i>	X			X					X	X			<i>Ice chest, oven, steam table</i>	<i>ABC Restaurant -refrigerator</i>	<i>15 min.</i>

* ADVANCE PREPARATION / COMMISSARY AGREEMENT (IF APPLICABLE) - Home Stored or Home Prepared Foods are Not Allowed!			
If you do not have a permitted facility, you must obtain permission to use a kitchen or commissary facility which has been approved in advance by the local dept of environmental health or obtain prepared foods from an approved source. Pre-event food preparation inspections may be required. Have copies of food invoices/receipts at your booth, available for review upon request.			
Commercial Kitchen or Commissary Name		The Applicant submitting this application has permission to use the facility for the specified date(s) and time(s). If this permission is rescinded, I will immediately notify the County of Santa Clara, Department of Environmental Health (408-918-3400).	
Address and City			
Phone #	Date(s) and Time(s) of Pre-Event Use	Name of Permit Holder or Authorized Kitchen Representative	
<input type="checkbox"/> Valid Health Permit in Santa Clara County. Enter facility #: FA <input type="checkbox"/> Facility is permitted outside Santa Clara County (Attach a copy of valid Health Permit).		Signature	Date