



## FORM A – TEMPORARY FOOD FACILITIES

Event Name: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Time of Setup:  AM  PM Hours of Operation:  AM  PM  AM  PM Number of food booths: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### If you are having a **Tasting** at your event.

(Provide a list of all restaurants participating. Include: Business Name, Phone # and items being served.)

### If you are having a **Cook-off** at your event.

(Provide a list of all participants. Include: Name and Phone #.)

1. Have all food vendors been advised of the Health Department requirements for participating in this event?  Yes  No
2. Will there be a Certified Farmers' Market associated with this event?  Yes  No
3. Will there be a planning meeting for food booth participants?  Yes  No If YES, Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM
4. Will electricity be provided for the food booths?  Yes  No If YES, what is the source?  Public Utility  Generator(s)
5. Will equipment/utensil washing facilities be provided for food booth operators?  Yes  No
6. If YES, where are they located?

7. If NO, you must communicate the necessity for each vendor to provide equipment utensil washing facilities.  I understand

8. Are restroom facilities within 200 feet?  Yes  No

9. Drinking water source:  Public water supply  Approved private/well water

10. How will waste water be disposed?  Public sewer  Other \_\_\_\_\_

11. Describe garbage/trash disposal (including frequency of pickup): \_\_\_\_\_

12. Will there be animal rides provided?  Yes  No

13. Do you plan to have a Deep Pitt BBQ?  Yes  No **If Yes, a Standard Operating Procedure is required.**

14. Are you planning on having a Chili, BBQ or Tamale Contest?  Yes  No **If Yes, provide contact information for person in charge.**

NAME: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If you intend to cook food in the event area, describe your area layout, including fuel or electrical source to be used. Please attach your plans for isolating (roping off) and protecting against accidents.

Fee Schedule:	Make checks payable to: <u>County of San Diego</u>	Computation of Fees
<u>Non-Profit Organization:</u>	Exempted Fees for maximum of 2 events per year	If more than 2, see below
<u>Prepackaged/Food Sampling/Demonstrator:</u>	\$112 – per event (1-4 days) or \$302 – Annual/Yearly	Fee _____
<u>Unpackaged Food:</u>	\$194 – per event (1-4 days) or \$587 – Annual/Yearly	Fee _____
Late registration fee:	\$138 (less than 14 days prior to event)	Fee _____
<b>Fee Amounts effective July 01, 2017</b>		<b>Total Amount Due</b> _____

