



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>	\$127 – per event (1-4 days) or \$332 – Annual/Yearly	Fee _____
<u>Unpackaged Food:</u>	\$224 – per event (1-4 days) or \$645– Annual/Yearly	Fee _____
Late registration fee:	\$159 (less than 14 days prior to event)	Fee _____
Fee Amounts effective July 01, 2019		Total Amount Due _____

