



County of San Diego

5500 Overland Avenue, Suite 170 San Diego, CA 92123
TELEPHONE: (858) 694-3614 FAX: (858) 999-8920

FOOD AND HOUSING DIVISION TEMPORARY FOOD FACILITIES



FORM A: Temporary Event Organizer **Date Submitted:** _____ **Temporary Event Site Map:** _____ **Attached**

*Submit Form A at least 30 days before the event. The Food and Housing Division will assess a late application fee if this form is **submitted or modified less than 14 days prior to the event start date.***

EVENT NAME: _____ **EVENT DATE/S:** _____ **NUMBER OF BOOTHS:** _____

Set-Up Time: _____ AM _____ PM **Operation Time:** FROM _____ AM _____ PM TO _____ AM _____ PM

Contact Name: _____ **Phone:** _____ **E-mail:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Answer questions below and provide information in detail when required.	YES	NO
Have all food vendors been advised of the Health Department requirements for participating in this event?		
Will there be a Certified Farmers' Market associated with this event?		
Will there be a planning meeting for food booth participants? DATE: _____ TIME: _____ Address: _____		
Will electricity be provided for the food booths? PROVIDE SOURCE: Public Utility Generator		
Will Event Organizer provide the 3-compartment utensil washing facilities for food booth operators? If YES , provide location in Event Site Map. To acknowledge that you understand, INITIAL HERE: _____ If NO , you must communicate the necessity for each vendor to provide equipment or 3-compartment utensil washing facilities . To acknowledge that you understand, INITIAL HERE: _____ <small>NOTE: A 3-compartment sink with overhead protection is required if event have unpackaged food vendors and event <i>is longer than 4 hours (including set-up time)</i>. One (1) 3-compartment sink is required for every eight (8) unpackaged/open food or beverage vendors. (# Unpackaged food vendors/8 = minimum # of 3-compartment sinks required).</small>		
Are restroom facilities within 200 feet? Provide type and Number. Existing _____ Portable _____		
Does the event have a drinking water source? PROVIDE SOURCE: Public water supply Potable Water Trucks Permitted Private Well water Non-Permitted Private Well water If YES to Permitted and Non-Permitted Private well water , well water must meet requirements . For Permitted Private Well water , submit copy of well water result from LWQD. For Non-Permitted Private well water , well water shall meet the water quality standards for a Transient Non-Community public water system . Visit the Cottage Food Potable Water requirements here . Event organizer shall submit well water test results within 3 months of submission of application date (within last quarter). To acknowledge that you understand, INITIAL HERE: _____		
Will the wastewater be disposed of properly? Public Sewer Other Describe. _____		
Will there be animals at the event? Adoption Animal Rides Petting Zoo If YES , INITIAL HERE: _____ to acknowledge that <u>animal must be located</u> at least 20 feet away from food and beverage booths .		
Do you plan to have a Deep Pit BBQ ? If YES , provide Standard Operating Procedure . Attached		
Are you planning to have a "COOK-OFF Contest" (Chili, BBQ, Tamale, etc.)? If YES , provide the following: Person in charge (name, phone, e-mail) and list of ALL participants (name, phone). Attached		
Are you planning to have food "TASTING" at your event? If YES , provide a list of all participating restaurants. Include Business name, person in charge, phone, food served, and holding equipment. Attached		





County of San Diego

5500 Overland Avenue, Suite 170 San Diego, CA 92123

TELEPHONE: (858) 694-3614 FAX: (858) 999-8920

FOOD AND HOUSING DIVISION

TEMPORARY FOOD FACILITIES



Describe garbage/trash disposal. Include frequency of pickup.

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.

WAREWASHING FACILITY AGREEMENT

Warewashing facilities must be provided when open/unpackaged food vendors are operating at a temporary event and the length of the temporary event (including food vendor set-up time), is 4 hours or longer.

EVENT ORGANIZER

Section to be completed by the Event Organizer

Event Organizer Primary Representative:	Event Name:	
Event Address:	City, State:	Zip Code:
Event Date/s:	Event Time:	Phone:
<hr/>		
Event Organizer (Signature)		Date

WAREWASHING FACILITIES

Section to be completed by the Food Facility Owner allowing use of onsite warewashing facilities

Business Name:	Health Permit Record ID #:	
Event Address:	City, State:	Zip Code:
Days of Operation:	Hours of Operation:	
Contact Name:	Title:	Phone:

WE AUTHORIZE THE ABOVE-MENTIONED EVENT ORGANIZER THE USE OF OUR WAREWASHING FACILITIES TO PROPERLY WASH, RINSE, AND SANITIZE EQUIPMENT AND UTENSILS AS REQUIRED BY THE HEALTH DEPARTMENT DURING THE DURATION OF THE EVENT.

Warewashing Facility Representative (Signature)

Date





County of San Diego

5500 Overland Avenue, Suite 170 San Diego, CA 92123

TELEPHONE: (858) 694-3614 FAX: (858) 999-8920

FOOD AND HOUSING DIVISION

TEMPORARY FOOD FACILITIES



Fee Schedule for COMMUNITY EVENTS UNINCORPORATED SAN DIEGO EFFECTIVE JULY 1, 2022

NON-PROFIT ORGANIZATIONS	Exempted Fees for maximum of 6 events per year. If more than 6, see below:	Computation of Fees
Prepackaged Food / Limited Beverage Service	\$138 per event (1-4 days) OR \$342 Annual / Yearly	_____
Unpackaged Food	\$237 per event (1-4 days) OR \$657 Annual / Yearly	_____
Late Application Fee	\$179 for late submittal AND/OR Form A modification less than 14 days prior to event	_____
		Total Due: _____

How will you pay?

Online

Mail Check

In Person

Make checks payable to the "County of San Diego"

Once application has been processed, an invoice and payment instructions will be e-mailed to you.

REMINDERS:

You must provide a valid e-mail address.

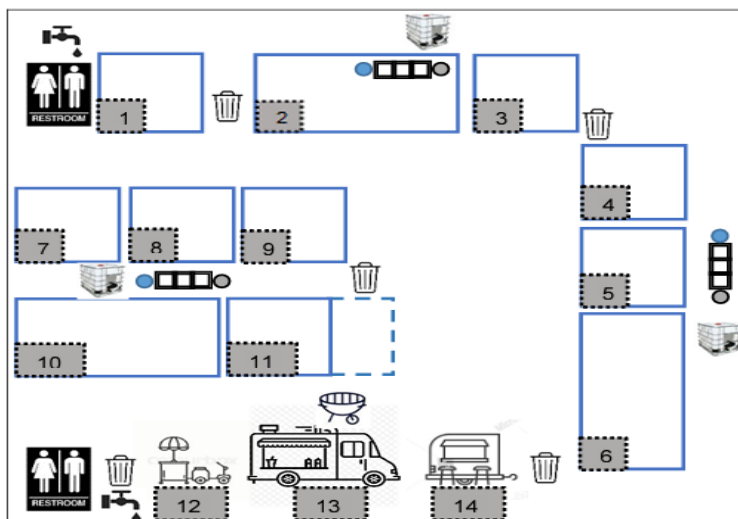
Prorated billing is not available.

Credits or refunds cannot be issued after your application has been processed, regardless of participation in the event or inspection by this Department.

TEMPORARY EVENTS SITE MAP SAMPLE

Sample Site Map – Identify the following:

- Location of warewashing sinks (one 3-compartment sink per eight open food vendors) within **100 ft** of farthest food booth
- Location of proposed food vendors
- Location of potable and non-potable water supply
- Location of wastewater disposal
- Restrooms with handwashing facilities within **200 ft** of farthest food booth
- Location of trash dumpsters



Legend

- 3-Compartment sink w/25gal clean & 50gal wastewater tanks + overhead protection
- Trash dumpsters
- Restrooms + handwashing facilities
- BBQ roped off from public
- Wastewater disposal container
- Potable water source

1. Pizza Time
2. Thai Food with their own 3-comp, back-up food storage with overhead protection
3. Chip Cookies
4. Sliced Fruit
5. Ramen Bowl
6. Spud Potatoes + back-up food storage with overhead protection
7. House of Chicken
8. Bottled Juice
9. Vegan Bar
10. Chicken Nugget Galore
11. Hotdogs with an outdoor BBQ + barrier
12. Popsicle Cart
13. Sandwich Food Truck
14. Popcorn Concession Trailer





County of San Diego

5500 Overland Avenue, Suite 170 San Diego, CA 92123

TELEPHONE: (858) 694-3614 FAX: (858) 999-8920

FOOD AND HOUSING DIVISION

TEMPORARY FOOD FACILITIES



EVENT NAME: _____

EVENT DATE/S: _____

EVENT ADDRESS: _____

BOOTH NAME	PERSON IN CHARGE OF BOOTH	FOOD TYPES Prepackaged, Unpackaged, Mobile Food Facility Provide Menu Items	BUSINESS TYPE
	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____		Non-Profit Organization Number of Exemptions FEIN _____ TFF Application attached Licensed Business Health Permit Record ID DEH _____ - _____ - _____ Expiration: _____ NO HEALTH PERMIT TFF Application attached
	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____		Non-Profit Organization Number of Exemptions FEIN _____ TFF Application attached Licensed Business Health Permit Record ID DEH _____ - _____ - _____ Expiration: _____ NO HEALTH PERMIT TFF Application attached
	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____		Non-Profit Organization Number of Exemptions FEIN _____ TFF Application attached Licensed Business Health Permit Record ID DEH _____ - _____ - _____ Expiration: _____ NO HEALTH PERMIT TFF Application attached





County of San Diego

5500 Overland Avenue, Suite 170 San Diego, CA 92123

TELEPHONE: (858) 694-3614 FAX: (858) 999-8920

FOOD AND HOUSING DIVISION

TEMPORARY FOOD FACILITIES



EVENT NAME: _____

EVENT DATE/S: _____

EVENT ADDRESS: _____

BOOTH NAME	PERSON IN CHARGE OF BOOTH	FOOD TYPES Prepackaged, Unpackaged, Mobile Food Facility Provide Menu Items	BUSINESS TYPE
	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____		Non-Profit Organization Number of Exemptions FEIN _____ TFF Application attached Licensed Business Health Permit Record ID DEH _____ - _____ - _____ Expiration: _____ NO HEALTH PERMIT TFF Application attached
	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____		Non-Profit Organization Number of Exemptions FEIN _____ TFF Application attached Licensed Business Health Permit Record ID DEH _____ - _____ - _____ Expiration: _____ NO HEALTH PERMIT TFF Application attached
	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____		Non-Profit Organization Number of Exemptions FEIN _____ TFF Application attached Licensed Business Health Permit Record ID DEH _____ - _____ - _____ Expiration: _____ NO HEALTH PERMIT TFF Application attached





County of San Diego

5500 Overland Avenue, Suite 170 San Diego, CA 92123

TELEPHONE: (858) 694-3614 FAX: (858) 999-8920

FOOD AND HOUSING DIVISION

TEMPORARY FOOD FACILITIES



EVENT NAME: _____

EVENT DATE/S: _____

EVENT ADDRESS: _____

BOOTH NAME	PERSON IN CHARGE OF BOOTH	FOOD TYPES Prepackaged, Unpackaged, Mobile Food Facility Provide Menu Items	BUSINESS TYPE
	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____		Non-Profit Organization Number of Exemptions FEIN _____ TFF Application attached Licensed Business Health Permit Record ID DEH _____ - _____ - _____ Expiration: _____ NO HEALTH PERMIT TFF Application attached
	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____		Non-Profit Organization Number of Exemptions FEIN _____ TFF Application attached Licensed Business Health Permit Record ID DEH _____ - _____ - _____ Expiration: _____ NO HEALTH PERMIT TFF Application attached
	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____		Non-Profit Organization Number of Exemptions FEIN _____ TFF Application attached Licensed Business Health Permit Record ID DEH _____ - _____ - _____ Expiration: _____ NO HEALTH PERMIT TFF Application attached





County of San Diego

5500 Overland Avenue, Suite 170 San Diego, CA 92123

TELEPHONE: (858) 694-3614 FAX: (858) 999-8920

FOOD AND HOUSING DIVISION

TEMPORARY FOOD FACILITIES



EVENT NAME: _____

EVENT DATE/S: _____

EVENT ADDRESS: _____

BOOTH NAME	PERSON IN CHARGE OF BOOTH	FOOD TYPES Prepackaged, Unpackaged, Mobile Food Facility Provide Menu Items	BUSINESS TYPE
	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____		Non-Profit Organization Number of Exemptions FEIN _____ TFF Application attached Licensed Business Health Permit Record ID DEH _____ - _____ - _____ Expiration: _____ NO HEALTH PERMIT TFF Application attached
	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____		Non-Profit Organization Number of Exemptions FEIN _____ TFF Application attached Licensed Business Health Permit Record ID DEH _____ - _____ - _____ Expiration: _____ NO HEALTH PERMIT TFF Application attached
	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____		Non-Profit Organization Number of Exemptions FEIN _____ TFF Application attached Licensed Business Health Permit Record ID DEH _____ - _____ - _____ Expiration: _____ NO HEALTH PERMIT TFF Application attached





County of San Diego

5500 Overland Avenue, Suite 170 San Diego, CA 92123

TELEPHONE: (858) 694-3614 FAX: (858) 999-8920

FOOD AND HOUSING DIVISION

TEMPORARY FOOD FACILITIES



EVENT NAME: _____

EVENT DATE/S: _____

EVENT ADDRESS: _____

BOOTH NAME	PERSON IN CHARGE OF BOOTH	FOOD TYPES Prepackaged, Unpackaged, Mobile Food Facility Provide Menu Items	BUSINESS TYPE
	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____		Non-Profit Organization Number of Exemptions FEIN _____ TFF Application attached Licensed Business Health Permit Record ID DEH _____ - _____ - _____ Expiration: _____ NO HEALTH PERMIT TFF Application attached
	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____		Non-Profit Organization Number of Exemptions FEIN _____ TFF Application attached Licensed Business Health Permit Record ID DEH _____ - _____ - _____ Expiration: _____ NO HEALTH PERMIT TFF Application attached
	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____		Non-Profit Organization Number of Exemptions FEIN _____ TFF Application attached Licensed Business Health Permit Record ID DEH _____ - _____ - _____ Expiration: _____ NO HEALTH PERMIT TFF Application attached

