



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY

P. O. BOX 129261, SAN DIEGO, CA 92112 - 9261

PHONE: (858) 505-6809 FAX: (858) 999-8920

FHDTempEvents@sdcounty.ca.gov

TEMPORARY FOOD FACILITY EVENT ORGANIZER SUPPLEMENTAL FORMS

❖ **All temporary event organizers must submit:**

- A list of food vendors
 - A site map ([sample site map](#))
 - Acknowledgement that they understand their roles and responsibilities.
- ❖ Warewashing agreement is **only** required if an organizer has an agreement with a food facility (located within 200 ft) to use their warewashing sinks. If you are providing 3-compartment sinks, submit a copy of sink rental contract.
- ❖ If a **Certified Farmers Market will be associated with this event**, attach a copy of your Department of Food and Agriculture, Fruit, Vegetable, and Egg Quality Control "Certificate for Certified Farmers' Market."

EVENT ORGANIZER ACKNOWLEDGEMENTS

As the Temporary Food Facility Organizer, you acknowledge that you understand your roles and responsibilities by initialing the following statements.

- ___ I understand events will not be permitted to operate if payment has not been received prior to the event date. 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.
- ___ I understand a supplemental fee will be invoiced, in addition to the required permit fee, if the application submittal and/or modifications to the original application are submitted less than 14 days before the event start date. Modifications include, but are not limited to, correcting incomplete applications, or changes to the menu, participating vendors, warewashing facilities, etc.
- ___ I understand that failure to meet the conditions approved in this application may result in the suspension of approval to operate the event, suspension of the approval to operate the affected food booths, and/or may result in the filing of misdemeanor charges. *California Retail Food Code Section 114395*
- ___ I understand that all food and beverage vendors must obtain a Temporary Food Facility Permit or have a valid annual temp event permit.
- ___ I understand that it is required that I provide one (1) restroom, including handwashing facilities, per every 15 food employees. (# Food employees/15 = Number of restrooms/handwashing facilities required)
- ___ I understand that garbage/trash must be disposed of as often as necessary, and at least once per day for multiday events.
- ___ I understand that if any animals are present, animals must be kept at least 20 feet (6 meters) away from any area where food is stored or held for sale (i.e. animal rides).
- ___ I understand that I am responsible for obtaining approval from all applicable agencies, including the local fire department, planning department and Alcohol Beverage Control.
- ___ I understand that the organizer is responsible for ensuring that all vendors have obtained a valid health permit.
- ___ I understand that I will be charged up to three times the permit fee if found operating without a valid health permit. I understand that permits are non-transferable.

I declare under penalty of perjury that to the best of my knowledge and belief, the statements made herein are correct and true. I consent to all necessary inspections made pursuant to law and incidental to the issuance of this permit and the operation of this business. I understand and hereby consent to any information I provide on this permit application to be considered a public record subject to disclosure under the California Public Records Act.

X

Applicant Signature

Date

APPENDIX A

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			
(This section to be completed by the Event Organizer)			
Organizer Name:	Event Name:		
Event Address:	City, State:	Zip Code:	
Event Start Date:	Event End Date:	Event Time:	Organizer Phone #:
WAREWASHING FACILITIES			
(This section should be completed by the Food Facility Owner allowing the use of on-site warewashing facilities)			
Business Name:	Permit #:		
Address:	City, State:	Zip Code:	
Days of Operation:	Hours of Operation:		
Contact Name:	Title:	Phone #:	

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

X _____

Warewash Facility Representative (Signature)

Date

X _____

Event Organizer (Signature)

Date

