



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY

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

PHONE: (858) 505-6900 FAX: (858) 999-8920

FHDTempEvents@sdcounty.ca.gov

TEMPORARY FOOD FACILITY EVENT VENDOR SUPPLEMENTAL FORMS

- ❖ **All temporary event vendors** must submit a menu list of food and beverages and must acknowledge that they understand their roles and responsibilities.
- ❖ Warewashing agreement is **only** required if a vendor has an agreement with a food facility (located within 200 ft) to use their warewashing sinks.
- ❖ **Annual vendors** must submit:
 - Copy of Food Safety Manager certificate (if unpackaged/open food).
 - A commissary letter agreement. If using an [Out of County Commissary](#) and traveling more than 30 minutes to the event, submit an SOP that includes food temperature control/monitoring, a copy of the commissary's health permit, and the most recent inspection report.

EVENT VENDOR ACKNOWLEDGEMENTS		
As the Temporary Food Facility owner/operator, you acknowledge that you understand your roles and responsibilities by initialing the following statements.		
_____	1	<p>Single Event Vendors – I acknowledge that all food and beverage preparation will be done on-site at the event, or I will be preparing food off-site ONLY at a permitted food facility (no home preparation is allowed).</p> <p>Annual Event Vendors – I acknowledge that any food preparation conducted off-site will be at my approved commissary location. I will complete and submit a Commissary Letter of Agreement</p>
_____	2	All potentially hazardous cold foods or beverages shall be held at or below 45°F at all times, including during transportation. Any food held between 42°F and 45°F must be discarded at the end of the day. Any food held at or below 41°F may be returned to the commissary at the end of the event.
_____	3	All potentially hazardous hot foods shall be held at or above 135°F at all times and must be discarded at the end of the day.
_____	4	Rapid reheating/cooking devices (e.g., flat grill, BBQ) must be available and capable of reheating food to 165°F within two hours. Steam tables, heat lamps, and crockpots are not designed for rapid reheating.
_____	5	Hot-holding devices (e.g., steam table, heat lamp) must be capable of holding hot foods at or above 135°F at all times.
_____	6	A probe thermometer for checking internal food temperatures must be on-site and available for use at all times.
_____	7	A handwashing station with warm water (100-108°F), a hands-free spigot providing a continuous stream of water that leaves both hands free for vigorous rubbing, dispensed soap, paper towels. A catch basin is required to be set up within the food preparation area and easily accessible for use before beginning any food preparation and must be maintained supplied throughout the event.
_____	8	All food handlers have been trained in food safety. For annual vendors: A Food Safety Manager course has been completed, and a copy of the certificate is provided with this application.

_____	9	All booths must have overhead protection, and open food preparation areas must be fully enclosed to protect the food from outside contamination.
_____	10	A smooth and easily cleanable floor will be used if the booth is located on dirt or grass (booths located on asphalt/concrete do not require additional flooring).
_____	11	The application must be received at least 14 days before the event. All late applications will be assessed a late fee at the time of processing. 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.
_____	12	No ill employees will be working with food, food contact surfaces, or equipment.
_____	13	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. <i>California Retail Food Code Section 114395.</i>
_____	14	I understand that I am responsible for obtaining approval from all applicable agencies, including the local fire department, planning department and Alcohol Beverage Control.
_____	15	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.

Print Name: _____ Title: _____

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 according 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.

TEMPORARY EVENT VENDOR

(This section to be completed by the Temp Event Vendor)

Food Booth Name:		Event Name:	
Event Address:		City, State:	Zip Code:
Event Start Date:	Event End Date:	Event Time:	Owner 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 FOOD VENDOR 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

Temp Event Vendor (Signature)

Date

APPENDIX B

MENU (List all food/beverage items, including toppings, garnishes, and prepackaged foods).						
FOOD/BEVERAGE	HOW SERVED	MADE TO ORDER	PREP AT COMMISSARY	PREP AT EVENT	SAMPLING	DESCRIBE PREPARATION METHOD
	<input checked="" type="checkbox"/> HOT <input type="checkbox"/> COLD	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	
	<input type="checkbox"/> HOT <input type="checkbox"/> COLD	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	
	<input type="checkbox"/> HOT <input type="checkbox"/> COLD	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	
	<input type="checkbox"/> HOT <input type="checkbox"/> COLD	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	
	<input type="checkbox"/> HOT <input type="checkbox"/> COLD	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	
	<input type="checkbox"/> HOT <input type="checkbox"/> COLD	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	
	<input type="checkbox"/> HOT <input type="checkbox"/> COLD	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	
	<input type="checkbox"/> HOT <input type="checkbox"/> COLD	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	
	<input type="checkbox"/> HOT <input type="checkbox"/> COLD	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	
	<input type="checkbox"/> HOT <input type="checkbox"/> COLD	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	
	<input type="checkbox"/> HOT <input type="checkbox"/> COLD	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY
FOOD, WATER, AND HOUSING DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
Phone: (858) 505-6900 ♦ Fax: (858) 999-8920 ♦ www.sdcdehq.org

COMMISSARY/HEADQUARTERS LETTER OF AGREEMENT THIS LETTER MUST BE RENEWED ANNUALLY

Sections 114295, 114339, and 114341 of the California Retail Food Code require that all Mobile Food Facilities and Annual Temporary Food Facilities operate in conjunction with a commissary, mobile support unit or other facility approved by the local regulatory agency.

I) THIS SECTION TO BE COMPLETED BY THE FOOD FACILITY OWNER

Facility Name: _____ Health Permit Number: _____
Facility Mailing Address: _____ City: _____ Zip: _____
Street No. Street Name
Permit Owner Name: _____ Phone: (____) _____
Fax: (____) _____ E-Mail: _____

II) THIS SECTION TO BE COMPLETED BY THE COMMISSARY/HEADQUARTERS OWNER

The above food facility has my permission to use my health regulated business (listed below) FOR THE PURPOSES OF ESTABLISHING A COMMISSARY/ HEADQUARTERS FOR THEIR MOBILE FOOD, CATERING OR FOOD PROCESSING BUSINESS. This permission includes the use of the premises for the following: *(Check all that apply)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Wastewater Disposal | <input type="checkbox"/> Vending Machine Storage |
| <input type="checkbox"/> Food Storage | <input type="checkbox"/> Trash Disposal | <input type="checkbox"/> Ice Production |
| <input type="checkbox"/> Warewashing Facilities | <input type="checkbox"/> Vehicle/Cart Storage Area | <input type="checkbox"/> Used Cooking Oil Disposal |
| <input type="checkbox"/> Vehicle/Cart Washing Area | <input type="checkbox"/> Chemical/Supply Storage | |
| <input type="checkbox"/> Fresh Water Supply | <input type="checkbox"/> Vending Machine Cleaning | |

Commissary/HQ

Facility Name: _____ Health Permit Number: _____
Address: _____ City: _____ Zip: _____
Street No. Street Name
Permit Owner Name: _____ Signature: _____ Phone: _____
Print
E-mail address: _____ Date: ____/____/____

OFFICE USE ONLY

VERIFICATION OF HEADQUARTERS

Vending Year: 20 Other Agency – Copy of Current Health Permit: Yes No N/A

Verified By (initials): _____ Date of Approval: ____/____/____



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY
FOOD, WATER, AND HOUSING DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
Phone: (858) 505-6900 ♦ Fax: (858) 999-8920 ♦ www.sdcdehq.org

CARTA DE AUTORIZACIÓN PARA EL USO DE LA COMISARÍA ESTA CARTA DEBE RENOVARSE ANUALMENTE

Las secciones 114295, 114339, and 114341 del Código de Comida al Menudeo requieren que todas las Unidades Móviles de Comida (permanentes y temporales), tengan una comisaría, una unidad de apoyo o algún otro tipo de negocio aprobado por la agencia local que les proporcione apoyo en sus operaciones.

I) EL DUEÑO DEL NEGOCIO DEBE COMPLETAR ESTA SECCIÓN:

Nombre de su Negocio: _____ Número de su Permiso de Salud: _____
Dirección de Correo: _____ Ciudad: _____ Código Postal: _____
No. de la Calle Nombre de la Calle
Nombre del Dueño: _____ Teléfono: (____) _____
Fax: (____) _____ Correo Electrónico: _____

II) EL DUEÑO DE LA BODEGA DE ABARROTES/COMISARÍA DEBE COMPLETAR ESTA SECCIÓN

El negocio que se describe arriba tiene mi autorización para ESTABLECER UNA BODEGA DE ABARROTES/COMISARIA para su unidad móvil de comida. Esta carta los autoriza a utilizar las instalaciones para las actividades marcadas a continuación:

- Preparar alimentos
- Tirar la basura
- Almacenar la máquina expendedora de comida
- Almacenar alimentos
- Usar el drenaje con interceptor de grasa para tirar agua sucia
- Tener acceso a hielo
- Lavar utensilios en el fregadero de tres compartimientos
- Estacionar la unidad
- Usar el contenedor para desechar el aceite usado
- Lavar la unidad móvil
- Almacenar productos químicos y de limpieza
- Abastecerse de agua limpia
- Limpiar la máquina expendedora de comida

Nombre de la Bodega o Comisaría: _____ Número de su Permiso de Salud: _____
Dirección: _____ Ciudad: _____ Código Postal: _____
No. de la Calle Nombre de la Calle

Nombre del Dueño de la Bodega/Comisaría _____ Firma del Dueño de la Bodega/Comisaría _____ Teléfono _____
Correo Electrónico: _____ Fecha: ____ / ____ / ____

OFFICE USE ONLY

VERIFICATION OF HEADQUARTERS

Vending Year: 20 Other Agency – Copy of Current Health Permit: Yes No N/A

Verified By (initials): _____ Date of Approval: ____ / ____ / ____