



**COMMUNITY AND ECONOMIC
DEVELOPMENT DEPARTMENT
Division of Environmental Health**

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Merced, CA 95340
(209) 381-1100
(209) 384-1593 (FAX)
<http://www.countyofmerced.com/eh>
Equal Opportunity Employer

COMMUNITY FOOD EVENT ORGANIZER APPLICATION

Directions: This application must be completed and submitted to this office by the event organizer at least **two weeks prior to the event**, along with a completed and signed Community Food Event Vendor Application for **each** booth or food vehicle that will sell or give away food or beverages at the event. **Provide all information requested. Incomplete applications may delay approval.**

EVENT	1. NAME OF EVENT		
	2. LOCATION OF EVENT		3. CITY
	4. DATES OF OPERATION		5. HOURS OF OPERATION

ORGANIZER	6. SPONSORING ORGANIZATION			
	7. CONTACT PERSON			
	8. MAILING ADDRESS		9. CITY	10. STATE
	11. ZIP	12. EMAIL	13. PHONE #	14. CELLPHONE #

WHO	15. EXPECTED ATTENDANCE		16. NUMBER OF FOOD VENDORS/BOOTHS <div style="border: 1px solid black; width: 100%; height: 40px;"></div> <p style="font-size: small; text-align: center;">ATTACH A COMPLETED COMMUNITY EVENT FOOD VENDOR APPLICATION FOR EACH BOOTH.</p>
	17. MAJORITY OF EXPECTED ATTENDEES' AGE <input type="checkbox"/> <7 YEARS OLD <input type="checkbox"/> GENERAL POPULATION <input type="checkbox"/> >50 YEARS OLD		

FACILITIES	17a. WILL POTABLE WATER FROM AN APPROVED SOURCE BE PROVIDED TO THE FOOD VENDORS? <input type="checkbox"/> YES, (source: _____) <input type="checkbox"/> NO		17b. WILL POTABLE ICE FROM AN APPROVED SOURCE BE PROVIDED TO THE FOOD VENDORS? <input type="checkbox"/> YES, (source: _____) <input type="checkbox"/> NO	
	18. WILL TOILET FACILITIES BE PROVIDED FOR FOOD WORKERS? <input type="checkbox"/> YES: # _____ permanent / portable <input type="checkbox"/> NO CHAPTER 11: Section 114359. Toilet facilities (a) At least one toilet facility for each 15 EMPLOYEES shall be provided within 200 feet of each TEMPORARY FOOD FACILITY.			
	19. WILL ELECTRICITY BE PROVIDED FOR EACH FOOD VENDOR? <input type="checkbox"/> YES: # _____ <input type="checkbox"/> NO			
	20. ARE JANITORIAL FACILITIES AVAILABLE? <input type="checkbox"/> YES: # _____ <input type="checkbox"/> NO METHOD OF DISPOSAL OF LIQUID WASTE FOR FOOD BOOTHS: _____			
	21. WILL GARBAGE DISPOSAL DUMPSTERS/CANS BE AVAILABLE? <input type="checkbox"/> YES: # _____ <input type="checkbox"/> NO NAME OF GARBAGE DISPOSAL COMPANY (if applicable): _____			

I, _____, have read the Community Event guidelines and understand what is expected of me in order to operate my community event. I have provided all required attachments (specified on page 2).

Organizer's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:			
A/R No: _____	<input type="checkbox"/> PAID: Invoice# _____ \$ _____	<input type="checkbox"/> Exempt: _____	TE#: _____
			CE#: _____

APPROVED: _____ **Date:** _____

*** All of the following must be completed and attached to your application for approval:**

(CHECK OFF BOXES AS YOU COMPLETE THEM)

Community Event Food Vendor Applications

Community Event Food Vendor List (application PAGE 2)

Community Event Site Plan (application PAGE 3)

Copy of flyer and/or public newspaper advertisement for the event

Copy of the form/letter which shows approval from City /County Parks & Recreation Department OR a letter from property owner granting authorization for the event to occur on their property **(if applicable)**

NAME OF BOOTH(S) / ORGANIZATION(S) <small>(Booth # refers to their location on your site plan)</small>					Count of Facilities/Booths <small>(Refer to each food vendor application) Mark all applicable for each vendor.</small>		
Booth #	BOOTH / ORGANIZATION NAME	OPERATOR NAME	CONTACT #(s)	MAIN FOOD ITEM (1)	ANNUAL TEMPORARY / MOBILE FACILITY	PROFIT/ NON-PROFIT	DD214/ COUNTY/ CITY OR DISTRICT

COMMUNITY EVENT FOOD VENDOR LIST

COMMUNITY EVENT SITE PLAN

Provide a diagram of the layout of the event indicating the following:

- FOOD VENDORS (please # them)
- ROADS (provide names)
- RESTROOMS
- WATER SOURCE(S)
- JANITORIAL FACILITIES
- GARBAGE AREAS
- OTHER: _____

EVENT NAME:

EVENT DATES:

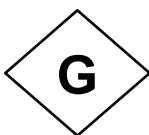
Note: This diagram does not have to be drawn to scale, but linear measurements must be provided for restroom distances from food vendors.



Use symbols below



Food Vendor as listed



Garbage Area



Water Source(s)



Restroom Facilities



Janitorial Facilities (to dump waste water)