



Mariposa County Environmental Health

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Public Health
 Prevent. Promote. Protect.

COMMUNITY EVENT FOOD VENDOR APPLICATION

BOOTH / SPACE#
 ORGANIZER TO FILL OUT

Directions: Each food booth operator/vendor must **complete and sign this** Community Event Food Vendor Application. Please submit application to this office at least **2 weeks prior to the event**. Provide all information requested.

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

VENDOR	6. VENDOR ORGANIZATION OR NAME OF FOOD BOOTH			7. ATTENDED EVENT IN THIS COUNTY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	8a. OPERATING FROM A MARIPOSA COUNTY PERMITTED MOBILE FOOD FACILITY? <input type="checkbox"/> YES (go to #8b) <input type="checkbox"/> NO (go to #9)			8b. IF YOU MARKED "YES" ON 8A, THEN LIST THE MOBILE FOOD FACILITY PERMIT # & STICKER #:	
	9. CONTACT PERSON	10. MAILING ADDRESS		11. CITY	
	12. EMAIL ADDRESS	13. STATE	14. ZIP	15. PHONE #	

BOOTH INFORMATION	16a. PLEASE MARK ALL THAT APPLY FOR YOUR BUSINESS STATUS :	
	*IF YOU ARE A FOR PROFIT DONATING PROCEEDS TO A NON-PROFIT ORGANIZATION, PLEASE CONTACT OUR OFFICE TO DISCUSS PERMIT OPTIONS:	
	16b. OPTIONS. PLEASE MARK ALL THAT APPLY FOR YOUR MARIPOSA COUNTY HEALTH PERMIT TYPE (REQUIRED):	
	<input type="checkbox"/> ANNUAL SPECIAL EVENT PERMIT <input type="checkbox"/> SPECIAL EVENT FOR PROFIT	<input type="checkbox"/> SPECIAL EVENT – NONPROFIT <input type="checkbox"/> VETERAN EXEMPT
17. PLEASE SPECIFY WHICH OF THE FOLLOWING YOU WILL BE ATTENDING WITH (<i>An enclosed booth is required where open food is present</i>):		
<input type="checkbox"/> CANOPY <input type="checkbox"/> FULLY ENCLOSED BOOTH <input type="checkbox"/> CART (MFF ONLY) <input type="checkbox"/> VEHICLE (License # _____) <input type="checkbox"/> TRAILER (License # _____) <input type="checkbox"/> BUILDING / HALL / OTHER (Please specify) _____		
18. THE FOLLOWING ARE PART OF THE CONSTRUCTION OF MY BOOTH (Check all that apply, Booth flooring required when located on grass or dirt):		
<input type="checkbox"/> CANOPY <input type="checkbox"/> SCREENS <input type="checkbox"/> WOOD <input type="checkbox"/> PLASTIC TARPS <input type="checkbox"/> CLEANABLE FLOOR <input type="checkbox"/> ENCLOSED TRAILER / TRUCK <input type="checkbox"/> BBQ <input type="checkbox"/> OTHER (Please specify) _____		

FOOD INFORMATION	19. PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE FOOD YOU WILL BE SELLING AT THE EVENT:			
	A. DOES ANY FOOD CONTAIN MEAT, DAIRY, EGGS, CUT FRUIT, OR CUT VEGETABLES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	B. WILL FOOD ITEMS STILL BE SEALED IN THEIR ORIGINAL PACKAGING WHEN SOLD OR GIVEN AWAY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	C. WILL FOOD BE PREPARED OR PORTIONED ON SITE AT THE TEMPORARY FOOD FACILITY EVENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	D. WILL ANY FOOD BE PREPARED AT ANOTHER LOCATION BY THE APPLICANT?	<input type="checkbox"/> YES (continue to #20)	<input type="checkbox"/> NO (continue to page 2)	
	E. WHAT IS THE AMOUNT OF TIME USED TO TRANSFER FOOD TO THE EVENT? _____	<input type="checkbox"/> MINUTES /	<input type="checkbox"/> HOURS	
	#20 TO BE COMPLETED BY THE OPERATOR OF THE APPROVED COMMERCIAL / COMMUNITY KITCHEN WHERE FOOD WILL BE PREPARED.			
20. THE FOOD VENDOR LISTED ON THIS FORM HAS PERMISSION TO USE THE APPROVED COMMERCIAL / COMMUNITY KITCHEN NAMED BELOW FOR THE PREPARING AND STORING OF FOOD ON THE FOLLOWING DATES:				
BUSINESS NAME OF COMMERCIAL / COMMUNITY KITCHEN:		ADDRESS OF COMMERCIAL / COMMUNITY KITCHEN:		
CITY:	STATE:	ZIP:	PHONE:	
EMAIL:	OPERATOR OF COMMERCIAL / COMMUNITY KITCHEN:			
SIGNED	PRINT NAME	DATE		

21. List ALL food items, including drinks, ice, condiments, and prepackaged foods such as chips or candy. (Attach an additional sheet if needed)

FOOD ITEM(S) (see bullets below regarding sink requirements)	COOKING METHOD (ex: fried, grilled, baked, cooked-to-order)	HOT HOLDING EQUIPMENT	COLD HOLDING EQUIPMENT	WHERE is food purchased / obtained?

- All vendors handling unpackaged food must have a **handwashing station(s)** inside the food booth / prep or service location(s).
- All vendors using utensils (ex: spatulas, tongs, spoons or scoops, pans, trays, pitchers, probe thermometers, or other equipment or implement that contacts food) must have a **utensil washing station** inside a protected location and in close proximity to the vendor.

Utensil Washing: Yes No Handwashing: Yes No

Will you be sharing a utensil sink? Yes, # sharing _____ No How many people will be working in the booth? _____

Sketch Sheet – In the following space, provide a **drawing** of the food booth. Identify and describe all equipment, including handwashing facilities, utensil washing facilities, cooking, hot holding and cold holding equipment, prep tables, food storage, and garbage containers.

Operator's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

PAID \$ _____ Receipt # _____
 EXEMPT _____

TE #: _____
 BO#: _____ Booth# _____

APPROVED _____ DATE _____