



SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

GAIL NEWEL, M.D., MPH
HEALTH OFFICER

JIM RYDINGSWORD
DIRECTOR

PUBLIC HEALTH SERVICES
Healthy People in Healthy Communities

TEMPORARY FOOD PERMIT APPLICATION

- FEES ARE NON-REFUNDABLE
- **APPLICATIONS MUST BE SUBMITTED (2) WEEKS PRIOR TO THE EVENT.**
- APPLICATIONS NOT RECEIVED (2) WEEKS PRIOR TO THE EVENT **WILL BE SUBJECT TO A \$54.00 LATE FEE**
- APPLICATIONS RECEIVED WITHIN (3) DAYS OF THE EVENT **MAY NOT** BE ISSUED A PERMIT.
- APPLICATIONS SHALL BE ACCOMPANIED BY THE APPLICABLE FEE.
- FAXED APPLICATIONS WILL NOT BE ACCEPTED.
- **HOME PREPARED OR STORED FOODS ARE NOT ALLOWED**

LENGTH OF OPERATION (CONSECUTIVE DAYS) **CHECK ONE BELOW:**

<input type="checkbox"/> 1-2 DAYS \$117.00	<input type="checkbox"/> 1-2 DAYS DEMO/FREE SAMPLE \$109.00	<input type="checkbox"/> CFM 1-4 MO \$117.00
<input type="checkbox"/> 3-4 DAYS \$227.00	<input type="checkbox"/> 3-4 DAYS DEMO/FREE SAMPLE \$117.00	<input type="checkbox"/> CFM 5-8 MO \$216.00
<input type="checkbox"/> 5-7 DAYS \$250.00	<input type="checkbox"/> 5-7 DAYS DEMO/FREE SAMPLE \$224.00	<input type="checkbox"/> CFM 9-12 MO \$240.00
<input type="checkbox"/> 8-25 DAYS \$322.00	<input type="checkbox"/> 8-25 DAYS DEMO/FREE SAMPLE \$306.00	<input type="checkbox"/> NON-PROFIT \$117.00
<input type="checkbox"/> ANNUAL \$418.00	<input type="checkbox"/> PRE PACKAGED/WATER \$55.00	<input type="checkbox"/> LATE FEE \$54.00

NAME OF COMMUNITY EVENT _____

NAME OF COMMUNITY ORGANIZER _____

LOCATION _____

DATE OF EVENT _____ SET UP TIME _____

NAME OF TEMP FOOD FACILITY/BOOTH _____

CONTACT PERSON _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ ZIP _____

TYPE OF FOOD PREPARATION FACILITY (CHECK ONE)

FULLY SCREENED IN BOOTH OTHER (ATTACH EXPLANATION)

FOOD/BEVERAGE ITEMS TO BE SOLD/GIVEN AWAY

METHOD OF FOOD HANDLING AND STORAGE OF RAW FOODS

METHOD OF HANDLING AND STORAGE OF COOKED/PREPARED FOODS

I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE "REQUIREMENTS FOR TEMPORARY FOOD FACILITIES"- (CRFC 114335-114363)

SIGNATURE

DATE

NOTE: ALL ITEMS MUST BE COMPLETED. UNANSWERED PORTIONS WILL BE RETURNED FOR COMPLETION WHICH WILL DELAY YOUR HEALTH PERMIT.

PUBLIC HEALTH SERVICES
439 Fourth Street
Hollister, CA 95023
831-637-5367

MEDICAL THERAPY UNIT
761 South Street
Hollister, CA 95023
831-637-1989

ENVIRONMENTAL HEALTH SERVICES
351 Tres Pinos Rd., Ste C-1
Hollister, CA 95023
831-636-4035

HEALTH EDUCATION PROGRAMS
439 Fourth Street
Hollister, CA 95023
831-637-5367