



GAIL NEWEL, M.D., MPH  
HEALTH OFFICER

# SAN BENITO COUNTY

JIM RYDINGSWORD  
DIRECTOR

HEALTH & HUMAN SERVICES AGENCY

**PUBLIC HEALTH SERVICES**  
*Healthy People in Healthy Communities*

## Community Event Organizer's Permit Application (Fees are not refundable)

Date: \_\_\_\_\_ Fees: \_\_\_\_\_ Community Event Organizer - **\$201.00**  
\_\_\_\_\_ CEO FARMER'S MARKET - **\$589.00**  
\_\_\_\_\_ Public Assembly per Toilet (**\$2.00**)  
\_\_\_\_\_ Late fee **\$54.00**

A site plan shall accompany this application. This site plan shall consist of the following information:

- Name, address, phone, and location of temporary food facility's operator
- Number and location of restrooms
- Estimated attendance
- Number and location of hand washing units
- Number and location of shared utensil washing and/or janitorial units

The applicant shall comply with the California health and Safety Code, Article 13 (Temporary Food Facility), commencing with section 114310. Application for this permit shall be made a **MINIMUM of two weeks prior to the event**. Name, address, and phone number of each concessionaire shall accompany this form.

Name of event: \_\_\_\_\_

Date and Time of event: \_\_\_\_\_ Location of event: \_\_\_\_\_

Name of organizer: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Total number of people expected: \_\_\_\_\_ Total number of portable toilets: \_\_\_\_\_

Number of portable toilets with hand washing: \_\_\_\_\_ Total number of food booths: \_\_\_\_\_

Name of public water system providing water: \_\_\_\_\_

Method of Liquid Waste collection and disposal: \_\_\_\_\_

Method of solid waste collection and disposal: \_\_\_\_\_

**I assert that I am the person or representative of the organization stated above, and that I agree that I am responsible for compliance with the California Health and Safety Code, Article 13 (Temporary Food Facility), commencing with section 114310.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PUBLIC HEALTH SERVICES**  
351 Tres Pinos Road, Ste C-1  
Hollister, CA 95023  
831-637-5367

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

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

**HEALTH EDUCATION PROGRAMS**  
351 Tres Pinos Road, Ste C-1  
Hollister, CA 95023  
831-637-5367