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:

<table>
<thead>
<tr>
<th>Days</th>
<th>Fee</th>
<th>Days</th>
<th>Fee</th>
<th>Days</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2</td>
<td>$124.00</td>
<td>1-2</td>
<td>DEMO/FREE SAMPLE</td>
<td>$110.00</td>
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</tr>
<tr>
<td>3-4</td>
<td>$248.00</td>
<td>3-4</td>
<td>DEMO/FREE SAMPLE</td>
<td>$134.00</td>
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</tr>
<tr>
<td>5-7</td>
<td>$296.00</td>
<td>5-7</td>
<td>DEMO/FREE SAMPLE</td>
<td>$223.00</td>
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</tr>
<tr>
<td>8-25</td>
<td>$344.00</td>
<td>8-25</td>
<td>DEMO/FREE SAMPLE</td>
<td>$300.00</td>
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</tr>
<tr>
<td>ANNUAL</td>
<td>$442.00</td>
<td>PRE PACKAGED/WATER</td>
<td>$62.00</td>
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<td></td>
</tr>
</tbody>
</table>

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.