



# SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

CHERYL SCOTT, MD, MPH  
HEALTH OFFICER

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AGENCY 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:**

1-2 DAYS \$124.00     1-2 DAYS DEMO/FREE SAMPLE \$110.00     CFM 1-4 MO \$124.00  
 3-4 DAYS \$248.00     3-4 DAYS DEMO/FREE SAMPLE \$134.00     CFM 5-8 MO \$250.00  
 5-7 DAYS \$296.00     5-7 DAYS DEMO/FREE SAMPLE \$223.00     CFM 9-12 MO \$274.00  
 8-25 DAYS \$344.00     8-25 DAYS DEMO/FREE SAMPLE \$300.00     LATE FEE \$54.00  
 ANNUAL \$442.00     PRE PACKAGED/WATER \$62.00

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 \_\_\_\_\_ EMAIL \_\_\_\_\_

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**  
351 Tres Pinos Road, Suite A-202  
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831-637-5367



**MEDICAL THERAPY UNIT**  
761 South Street  
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831-637-1989