



SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

TRACEY BELTON, DIRECTOR
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Environmental Health
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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.