Environmental Management Department

Jennea Monasterio, Director

APPLICATION FOR PERMIT TO OPERATE
COMMUNITY EVENT

EVENT (Facility)	
	Name of Event:
	Address of Event: _____ City: _____ State: _____ Zip: _____
	Date(s) of Event: _____ Time Event Starts: _____

BILL	
	Billing Name: _____ Phone: _____
	Billing Address: _____ City: _____ State: _____ Zip: _____

EVENT COORDINATOR (Owner)	
	Event Contact Person: _____ Phone: _____
	Address: (home or office) _____ City: _____ State: _____ Zip: _____
	Email:

FOR THE PURPOSE OF THIS APPLICATION, A FOOD BOOTH SHALL BE IDENTIFIED AS A TFF (TEMPORARY FOOD FACILITY)

COMMUNITY EVENT COORDINATOR	FEE	PE	NUMBER OF VENDORS PERMITTED FOR EVENT	
☐ 5 OR LESS TFF (ALL NONPROFIT)	N/A	1670		MULTI EVENT VENDORS (MEV) (LOW RISK)
☐ EVENT WITH 5 OR LESS TFF	$362.00	1668		MULTI EVENT VENDORS (MEV) (HIGH RISK)
☐ EVENT WITH 6 OR MORE TFF	$493.00	1669		MOBILE FOOD FACILITIES (CATEGORY A-D)

NUMBER OF FOOD BOOTHS	FEE	PE	
TFF (PRE PKG/LOW RISK)	$75.00 ea.	1671	*If an event consists of only one booth (either TFF or MEV), DO NOT charge coordinator fee, charge appropriate TFF booth fee only.
TFF (FOOD PREP/HIGH RISK)	$158.00 ea.	1672	*If an event consists of 2-3 low risk TFF/MEV booths, do not charge booth fees, charge $362.00 coordinator fee only. *Number of MEV/MFFs should never contribute to "6 or more" coordinator fee.

☐ **1674 - LATE FEE / APPLICATION NOT SUBMITTED TWO WEEKS PRIOR TO EVENT AND/OR BOOTH(S) ADDED $150.00**

☐ **1673 - PENALTY FOR FAILURE TO OBTAIN PERMIT PRIOR TO COMMUNITY EVENT $233.00**

I hereby accept responsibility as coordinator or authorized representative of the above mentioned community event. I will comply with all state and local laws and will ensure compliance by all food vendors operating at the community event identified above. I confirm that the location of this event meets all land use, water supply, waste disposal, restroom and parking requirements and that approval has been obtained from all pertinent agencies.

Signed _____ Title/Position _____ Date _____

OFFICIAL USE ONLY

CALCULATIONS

COMMUNITY EVENT COORDINATOR FEE = $ _____ +
TOTAL LOW RISK BOOTHS _____ X $ 75.00 = $ _____ +
TOTAL HIGH RISK BOOTHS _____ X $158.00 = $ _____ +
TOTAL FEES = $ _____

CALCULATIONS FOR LATE FEES / PENALTY

LATE FEE = $ _____ +
PENALTY FOR NO PERMIT = $ _____ +
TOTAL FEES = $ _____ +
TOTAL WITH LATE FEES/PENALTY = $ _____

EMD RECEIPT#: _____ AMOUNT PAID: _____ DATE PAID: _____ ACCOUNT #: _____
☐ NEW EVENT ☐ ANNUAL EVENT FACILITY ID #: _____ CT: _____ SPECIALIST: _____
PROGRAM RECORD #: _____ PE: _____ REINSPECTIONS: # HIGH RISK _____
LOW RISK _____

COMMENTS: _____
☐ APPROVED ☐ DISAPPROVED BY: _____ DATE: _____

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