

COUNTY OF SACRAMENTO
 ENVIRONMENTAL MANAGEMENT DEPARTMENT
 ENVIRONMENTAL HEALTH
 10590 ARMSTRONG AVE, MATHER, CA 95655
 Phone: (916) 875-8440
 Fax: (916) 875-8513
www.emd.saccounty.net

**COMMUNITY EVENT
 APPLICATION FOR PERMIT TO OPERATE**

OFFICIAL USE ONLY	
FACILITY ID#	_____
<input type="checkbox"/> BILL BY ASU CT#	_____
EMD RECEIPT #	_____
TOTAL FEE	_____
DATE PAID	_____

EVENT (Facility)	Name of Event _____
	Location 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 _____

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
<input type="checkbox"/> 5 OR LESS TFF (ALL NONPROFIT)	N/A	1670	MULTI EVENT VENDORS (MEV) (LOW RISK)
<input type="checkbox"/> EVENT WITH 5 OR LESS TFF	\$312.00	1668	MULTI EVENT VENDORS (MEV) (HIGH RISK)
<input type="checkbox"/> EVENT WITH 6 OR MORE TFF	\$415.00	1669	MOBILE FOOD FACILITIES (CATEGORY A-D)
NUMBER OF FOOD BOOTHS	FEE	PE	
TFF (PRE PKG/LOW RISK)	\$63.00 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)	\$132.00 ea.	1672	*If an event consists of 2-3 low risk TFF/MEV booths, do not charge booth fees, charge \$312.00 coordinator fee only.
*Number of MEV/MFFs should never contribute to "6 or more" coordinator fee.			
<input type="checkbox"/> 1674 - LATE FEE / APPLICATION NOT SUBMITTED TWO WEEKS PRIOR TO EVENT AND/OR BOOTH(S) ADDED \$140.00			
<input type="checkbox"/> 1673 - PENALTY FOR FAILURE TO OBTAIN PERMIT PRIOR TO COMMUNITY EVENT \$218.00			

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		CALCULATIONS FOR LATE FEES / PENALTY	
COMMUNITY EVENT COORDINATOR FEE	= \$ _____ +	LATE FEE	= \$ _____ +
TOTAL LOW RISK BOOTHS _____ X \$ 63.00	= \$ _____ +	PENALTY FOR NO PERMIT	= \$ _____ +
TOTAL HIGH RISK BOOTHS _____ X \$132.00	= \$ _____ +	TOTAL FEES	= \$ _____ +
TOTAL FEES	= \$ _____	TOTAL WITH LATE FEES/PENALTY	= \$ _____
<input type="checkbox"/> NEW EVENT	<input type="checkbox"/> ANNUAL EVENT	PROGRAM RECORD #	PE
COMMENTS _____		_____	_____
REINSPECTIONS: # HIGH RISK _____ # LOW RISK _____		_____	_____
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	BY _____	DATE _____