



**VENDOR
TEMPORARY EVENT PERMIT APPLICATION**

Have you applied previously **YES/ NO**

If so, please provide your Reference Identification Number _____

Fee Exempt? **YES/ NO**

(See "APPLICATION FEE EXEMPT" and check box that applies)

Complete forms below for first time applicant or for changes/updates and return it with other applicable forms and fees **to your event coordinator** by deadline date set by the coordinator.

VENDOR BOOTH NAME: _____

VENDOR OWNER: _____

CONTACT NAME: _____ **CONTACT #** _____

MAILING ADDRESS: _____ **CITY:** _____ **ZIP:** _____

EVENT NAME: CAÑADA COLLEGE ARTS & OLIVE FESTIVAL **DATE & TIME:** 10/2/11 10AM - 5PM

ADDRESS OF EVENT: _____ 4200 Farm Hill Blvd _____ **CITY:** _____ Redwood City _____

SPONSOR: ___ San Mateo County Community College District ___ **CONTACT #** ___ Julie Mooney 306-3428 ___

2011 FEE SCHEDULE

DISCOUNTED GROUP FEE	If all applications are received from the Event Coordinator in one packet with one check to cover all fees at least 14 days prior to first day of event then the DISCOUNTED GROUP FEE is \$98 per booth . The coordinator fee is always \$153 unless a non profit.
APPLICATION FEE	Any application received 2-13 days before the event will result in all booths being charged \$296 per booth . Acceptance of application(s) does not imply automatic approval to operate at the event. Applications received less than 2 days before the event will not be accepted .
APPLICATION FEE EXEMPT	<input checked="" type="checkbox"/> Non Profit -100% of profits go to a non-profit organization. Proof of non profit must be provided. <input type="checkbox"/> Letter from charity who received donated funds <input type="checkbox"/> Veteran - Proof of service must be provided.
PENALTY FEE	Any booth found <u>operating</u> at the event without a <u>Permit to Operate</u> may be closed by this Department, or charged up to three times the Application Fee.

TYPES OF FOOD BEING SOLD & PREPARATION METHODS

MENU - List all foods and condiments proposed prepared and/or sold from this food booth (i.e. meat, rice, beans, dairy, dispensed soda, bottled drinks, condiments such as diced onion, mustard, etc.).

 (If you need more space, please continue list on a separate sheet of paper and attach with application.
AS A VENDOR, I HAVE READ, UNDERSTAND, AND WILL COMPLY WITH THE "Requirements For Temporary Event Food Sales".

Applicant Printed Name: _____ Title _____

Applicant Signature _____ Date _____

CHECK ALL BOXES BELOW THAT APPLY TO YOUR OPERATION

WATER - Approved water for drinking, cooking, hand washing, and utensil sanitizing will be provided by:

- Bottled Water Approved Hose Other (describe) _____

FOOD STORAGE - Food will be stored at:

- Commissary Refrigerated Vehicle Permitted Kitchen Booth

COOKING EQUIPMENT - Type of cooking equipment to be used:

- Stove Grill BBQ Hot Plate Rotisserie Other _____

EQUIPMENT USED TO HOLD POTENTIALLY HAZARDOUS FOODS AT TEMPERATURES 41°F OR BELOW OR 135°F OR ABOVE:

- Steam Table Mechanical Refrigeration Other _____
 Electric Hot Plate or Crock Pot Ice Not required for this operation

HANDWASH STATION - Required as described in guidelines **prior to any food preparation at booth.**

UTENSIL WASHING & SANITIZING FACILITIES – Check one box

- 3 container sanitizer set up - sized to fit largest utensil used. 3-compartment commercial sink

WIPING TOWELS in SANITIZER - As described in Requirements for Temporary Food Sales

WASTE WATER DISPOSAL FACILITIES - Describe _____
 Sponsor to provide – Describe _____

GARBAGE DISPOSAL FACILITIES - Describe _____
 Sponsor to provide – Describe _____

TOILET FACILITIES – Required as described in Requirements for Temporary Food Sales

MUST BE COMPLETED BY APPLICANT

I, _____, certify that no foods served at this event will be made in a private residence. All foods will be prepared at the booth or at the approved commissary listed below.

Print name of applicant

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Are you a California Registered Non-Profit Corporation? No Yes Non-Profit ID # _____

Proof of Non-Profit status must be submitted with application to qualify for fee exemption.

***** If a restaurant or other commercial facility will be used for any food preparation, the following section must be completed and signed by the owner of that facility.**

COMMISSARY AUTHORIZATION

The Food Vendor listed on the front of this Vendor Application has permission to use the food facility named below for preparing and storing food on the following dates: _____

Facility/Commissary Name: _____

Address: _____

Phone: _____ **Owner/Operator Name:** _____

Signature of Food Facility Owner/Operator: _____ **Date:** _____