



COMMUNITY DEVELOPMENT AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

COMMUNITY EVENT - APPLICATION TO OPERATE

THIS APPLICATION MUST BE COMPLETED BY THE PERSON OR ORGANIZATION PLANNING TO OPERATE A COMMUNITY EVENT (CALCODE 113755, 114381.1, 114381.2) AT WHICH TWO OR MORE FOOD FACILITIES OPERATE.

This application and a site plan must be submitted at least 10 working days prior to the event.

Additional fees may be charged for late submittals.

A SITE PLAN **IS REQUIRED** showing the proposed locations of the Temporary Food Facilities (TFFs), restrooms, and all shared utensil washing, hand washing, and janitorial facilities.

NAME OF THE EVENT:		
ADDRESS OF EVENT (STREET NUMBER NEEDED):		
<small>STREET ADDRESS</small>	<small>CITY</small>	<small>ZIP CODE</small>
START DATE: _____ STOP DATE: _____	LENGTH OF EVENT (NUMBER OF DAYS): _____	HOURS OF OPERATION:
EVENT ORGANIZER		
BUSINESS NAME (DBA)		
BUSINESS ADDRESS		
<small>STREET ADDRESS</small>	<small>CITY</small>	<small>ZIP CODE</small>
BUSINESS TELEPHONE:	E-MAIL:	
EVENT ON-SITE MANAGER NAME	CELL TELEPHONE	E-MAIL

NAME OF BUSINESS PROVIDING SANITARY SERVICES (CHEMICAL TOILETS, GREYWATER, HAND-WASH SINK WASTE)

PARTICIPATING TFFs or Food Vendors

Please list, on the following page, all vendors which will be participating in this community event. It is your responsibility to inform EHS of any additions to or deletions from your list. Whether listed or not, vendors may not be permitted to operate if completed application materials are not received in EHS, from the operator, at least 10 working days before the event.

Additional fees may be charged for late submittals.

I HEREBY CERTIFY THAT I AM AN AUTHORIZED REPRESENTATIVE OF THE "COMMUNITY EVENT" FOR WHICH THIS APPLICATION IS BEING SUBMITTED, AND THAT I UNDERSTAND THAT THE COMMUNITY EVENT ORGANIZER IS RESPONSIBLE FOR COMPLIANCE WITH THE CALIFORNIA RETAIL FOOD CODE (CALCODE) INCLUDING ASSURING COMPLIANCE BY EACH INDIVIDUAL TFF OPERATING AT THIS EVENT.

SIGNATURE OF OWNER, PARTNER, CORPORATION OFFICER, OR AGENT PRINT NAME AFTER SIGNATURE **DATE**

FOR OFFICE USE ONLY	FEE	CHECK OR CC AUTH #	RECEIPT #	RECEIVED BY:
LICENSE NUMBER	ACCOUNT NUMBER			

All County publications are available in alternative formats (Braille, Large Print, or CD), upon request. Requests for accommodations may be made by calling (415) 473-4381 (Voice) (415) 473-3232 (TDD/TTY) or by e-mail at disabilityaccess@marincounty.org. Copies of documents are available in alternative formats, upon request.

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