

## Application for a Permit to Operate a "Community Event"

COUNTY OF MARIN ENVIRONMENTAL HEALTH SERVICES 3501 CIVIC CENTER DRIVE, RM 236 SAN RAFAEL, CA 94903 415.473.6907/ (Fax) 415.473.4120 www.marincounty.org/ehs

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 operates.

Name of the "Communit	y Event":				
Dates and hours of ope	ration:				
Street Address and City	of event:				
Event organizer:		_ Onsite	Event Manag	er:	
Mailing Address:		Onsite	Manger cell:	Phone:	
Please describe the nat	ure of this event which	would qua	lify it as a "Cor	nmunity Ev	ent":
Site Plan: Please at Facilities (TFFs), restro This application and s  List of participatin participating in this comdeletions from your list operate if completed ap event.	oms, and all shared unite plan must be subring TFFs: Please list in munity event. It is you of participating TFFs.	nitted at least, on the our respon	hing, hand wa east two week following pag- sibility to informather listed or	eshing, and as prior to to the control of the control of a control of	janitorial facilities. the event.  FFs which will be any additions to or not be permitted to
I hereby certify that I a application is being some responsible for complication compliance by each in	ubmitted, and that I uited in the contract in	understan rnia Retail	d that the Co Food Code (0	mmunity E CalCode) ir	Event Organizer is ncluding assuring
AUTHORIZED SIGNAT	URE		DA1	ΓE	
For Office Use Only	Plan review fee		Permit fee -	90 day max	x
		Approve	ed (REHS):	D	Date:

## Participating Temporary Food Facilities (TFFs) and Other Food Vendors

Name of "Community Event":				
Business name	Contact Person	<u>Phone</u>	(Office use) Application	