

RENEWAL APPLICATION

APPLICATION FORM REVISED – March 2019

TEMPORARY FOOD FACILITY PERMIT APPLICATION

RENEWAL APPLICATIONS ARE CERTIFYING THE INFORMATION ON FILE AT THE COUNTY OF MARIN EHS OFFICE IS CURRENT AND THERE HAVE BEEN NO CHANGES TO THE MENU OR OPERATIONS.

ONLY COMPLETE APPLICATION PACKAGES WILL BE REVIEWED. INCOMPLETE APPLICATION PACKAGES WILL NOT BE PROCESSED. THE COMPLETE PACKAGE MUST BE SUBMITTED AT LEAST 10 WORKING DAYS PRIOR TO THE FIRST DAY OF THE EVENT TO ALLOW STAFF TIME TO PROCESS THE APPLICATION. APPLICATIONS RECEIVED LATE MAY NOT BE FULLY PROCESSED AND AS A RESULT, A PERMIT MAY NOT BE ISSUED. **ADDITIONAL FEES MAY BE CHARGED FOR LATE SUBMITTALS.**

COMPLETE THE FOLLOWING INFORMATION AND SUBMIT WITH APPROPRIATE FEE. PLEASE PRINT CLEARLY TO ASSURE YOUR PERMIT WILL BE ISSUED ACCURATELY.

NAME OF BUSINESS, CONCESSIONAIRE OR CLUB:

OWNER **FIRST** NAME:

OWNER **LAST** NAME:

BUSINESS MAILING ADDRESS:

STREET ADDRESS OR PO BOX

CITY

STATE

ZIP

BUSINESS TELEPHONE NUMBER:

OWNER'S CELL TELEPHONE NUMBER:

OWNER'S EMAIL:

NAME OF COMMISSARY:

EVENT INFORMATION

EVENT NAME

EVENT DATE(S)

EVENT HOURS

For Office Use Only:

Date received: _____

Receipt # _____

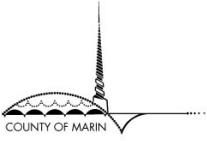
Fee \$ _____ Payment Method: Check # _____

Cash _____ CC authorization _____

Facility ID # _____

Date Approved: _____

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) 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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RENEWAL APPLICATION (page 2)
PLEASE COMPLETE THE FOLLOWING INFORMATION

FOODS

1. FOODS TO BE SERVED

COOKING PROCEDURE (fry, BBQ, steaming, etc.)

_____	_____
_____	_____
_____	_____
_____	_____

2. Where will you be purchasing food (provide name of store or farm) _____

3. Will any food be prepared offsite? _____ If yes, you must include the name of your commissary on page 1.

4. Describe handwashing set-up: _____

5. What will you use for hot and cold-holding potentially hazardous foods? _____

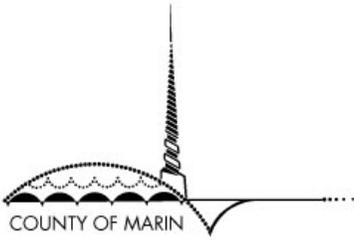
7. Thermometers are required. Please include temperature requirements for hot and cold holding potentially hazardous foods: _____

6. Produce washing procedure: _____

7. How will equipment and utensils be cleaned and sanitized throughout the day? Include type of sanitizer and correct concentration _____

8. Where do you obtain freshwater? _____

9. Where will you dispose of wastewater? _____



SHARED FOOD FACILITY/COMMISSARY AGREEMENT

I. To be completed by APPLICANT — Please print or type.

Business Name	Bus. Phone	Bus. Fax
Business Address	City/State	Zip
Owner Name	Home Phone	E-mail Address

I hereby state that the above information is current, true and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with the California Health & Safety Code. (**Note:** If this Commissary Agreement is modified or cancelled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation.)

Business Owner _____ Date _____ Signature of _____

II. To be completed by COMMISSARY OWNER/OPERATOR — Please print or type.

Commissary Name	Bus. Phone	Bus. Fax
Commissary Address	City/State	Zip
Commissary Owner Name	Home Phone	E-mail Address

I understand and agree to provide for the following requirements: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> sanitary wastewater disposal | <input type="checkbox"/> adequate storage for food/equipment |
| <input type="checkbox"/> potable water | <input type="checkbox"/> utensil washing |
| <input type="checkbox"/> proper disposal of refuse & garbage | <input type="checkbox"/> electrical hookups |
| <input type="checkbox"/> hot & cold water for vehicle cleaning | <input type="checkbox"/> toilet & hand washing facilities |
| <input type="checkbox"/> food preparation area | <input type="checkbox"/> overnight vehicle storage |
| <input type="checkbox"/> vehicle/cart storage (circle one) vehicle make/year _____ license plate # _____ | |

I hereby declare that I hold a valid Environmental Health Permit to Operate a commissary as defined by the California Health and Safety Code §114326. (INCLUDE A COPY OF VALID ENVIRONMENTAL HEALTH OR STATE PERMIT.) I hereby declare and certify that the business named in Section I is operating out of the above commissary. I will notify Marin County Environmental Health, by written document, of any change in the status of my operation, my environmental health permit, or when this commissary agreement is terminated.

Signature of Commissary Owner/Manager _____ Print Name _____ Date _____

III. To be completed by the local ENVIRONMENTAL HEALTH DEPARTMENT to verify the current commissary Health Permit when the above commissary establishment is located within or outside of Marin County — Please print or type.

The food establishment is located in _____ County and meets the commissary requirements set forth in the California Health and Safety Code §114326. The above checked requirements are available at the proposed commissary.

Signature of REHS _____ Print Name _____ Bus. Phone _____ Date _____