

Requirements for Pre-packaged Temporary Food Facilities at Community Events

1. Pre-packaged Temporary Food Facility (TFF) Permits are limited to the selling of prepackaged foods. No cooking or food preparation (except the food samples) is permitted. Only foods listed in the permit application and approved by Marin County Environmental Health Services may be sold. Cooking (including barbecuing) requires a Limited or Full-Service TFF permit.
2. Prepackaged foods shall be labeled. Labeling shall include the common name of the product, an ingredients list by order of weight, a statement of quantity (e.g. net weight, volume or count) and the name, address and zip code of the producer. **Sample labels must be submitted with your application.**
3. Non-potentially hazardous foods sold in bulk must be dispensed from fully enclosed containers with hinged lids. Labels for each product shall be posted on each container. No cutting or portioning is permitted.
4. Vendors who are selling products purchased **from a wholesale manufacturer** need to submit a copy of the food processing permit (*State Health Permit*) from the facility where the food is processed and packaged at, even if the facility is located in another county, or owned by another party.
OR
If the product being sold is purchased from a facility that **manufactures for retail**, you need to submit a copy of the facility's local County Health permit.
5. **Submit a completed Shared Food Facility/Commissary Agreement.** A valid commissary agreement may be required to operate at Community Events. There can be no lapse in time between commissaries. It is the responsibility of the permittee to submit a new commissary agreement to Marin County Environmental Health, when a change in commissary occurs.
6. If you are selling potentially hazardous foods, maintain a probe thermometer at your table to monitor internal food temperatures, and take any necessary actions as needed, such as providing more ice on and around your food products. **All potentially hazardous foods shall be maintained at or below 41 degrees Fahrenheit.**
7. Refer to the enclosed guidelines for approved sampling methods. Sampling methods must first be approved by Marin County Environmental Health Services, and must be done in accordance with the provisions of California Retail Food Code (Cal Code).
8. Post a sign with THE name and address of the business at the table or booth. One option is a magnetic sign. The permit must also be conspicuously posted.

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GUIDELINES FOR SAMPLING PRE-PACKAGED FOODS

Providing samples allows customers to try a product before purchasing it. However, unsafe sampling methods can adulterate or contaminate food and can result in food borne illness. The California Retail Food Code (CAL CODE) requires that basic sanitation practices be followed when samples are dispensed at community events. Marin County's Environmental Health Services (EHS) interprets the state law, as follows, to ensure that the public's health is protected. Follow these basic sanitation practices for healthy and legal sampling.

1. Sampling of potentially hazardous foods requires a written procedure approved by EHS.
2. Produce intended for sampling must be washed. Washing is to remove dirt, soil, and any other contaminants. An antiseptic vegetable wash product is strongly recommended.
3. Set up the hand washing and utensil washing stations **FIRST**. Thoroughly wash hands before the Farmers' Market. Food handling at the Farmers' Market requires a hand washing station.

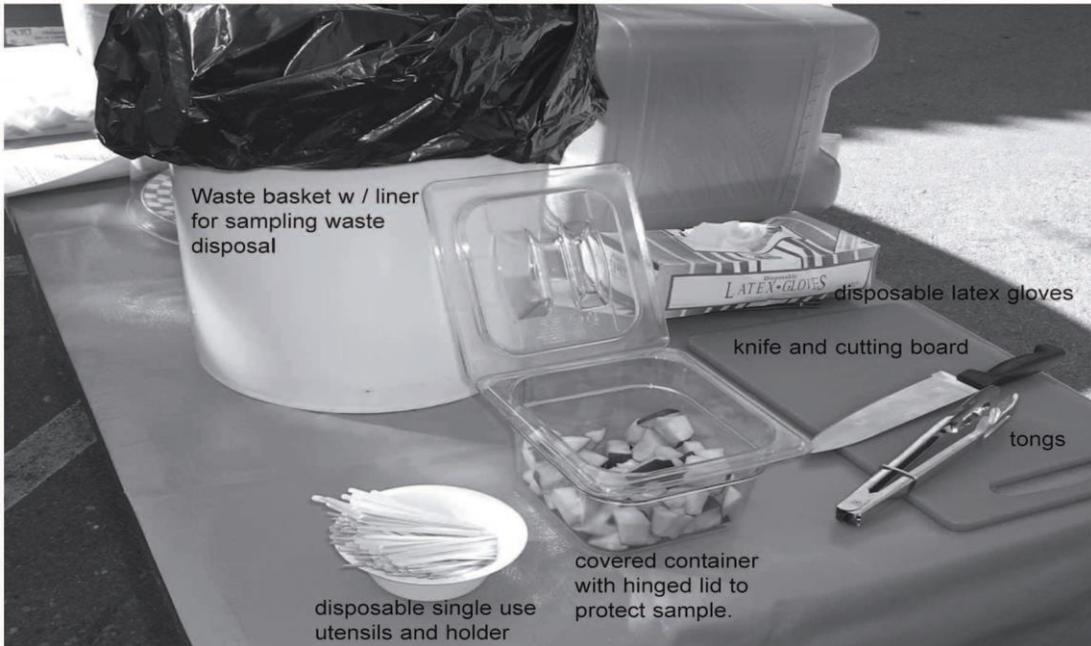
If money is handled, hands must be rewashed.

4. A hand washing station consists of the following :
 - a 5 to 7 gallon container of water with a hands free dispensing valve
 - a 5 gallon catch basin
 - potable water at 100 degrees Fahrenheit
 - liquid hand washing soap in pump or squeeze bottle
 - paper towel supply for the entire day.

A utensil washing station consists of 3 five-gallon containers: one with soapy water for washing, one with clean water for rinsing, and one with bleach in water for sanitizing (use one tablespoon bleach per gallon of water to provide a solution of 100 ppm chlorine); OR another method of providing sanitized utensils approved by EHS.

5. Provide containers with sneeze and handling protection.
6. Use disposable gloves when cutting or handling products. Do not reuse gloves after touching contaminated surfaces, or money.
7. Use tooth picks, wax paper, paper sampling cups, or disposable utensils to distribute samples. The idea is to prevent customers' hands or fingers from touching the samples or contaminating the food.
8. Use only sanitized knives and cutting boards for cutting samples.
9. Use a plastic bag lined waste basket for sample preparation and distribution waste disposal.
10. Wastewater from handwashing and utensil washing stations may be dumped in the portable toilets on-site or in the mop sink back at the commissary. Do not dump wastewater on ground or pavement; or down the storm drain. All wastewater must go to the sanitary sewer.

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Required items for proper sampling

Bottom left to right:

disposable single use utensils, covered sampling container, tongs, knife and cutting board

Top left to right:

Waste basket with liner, disposable latex or plastic gloves



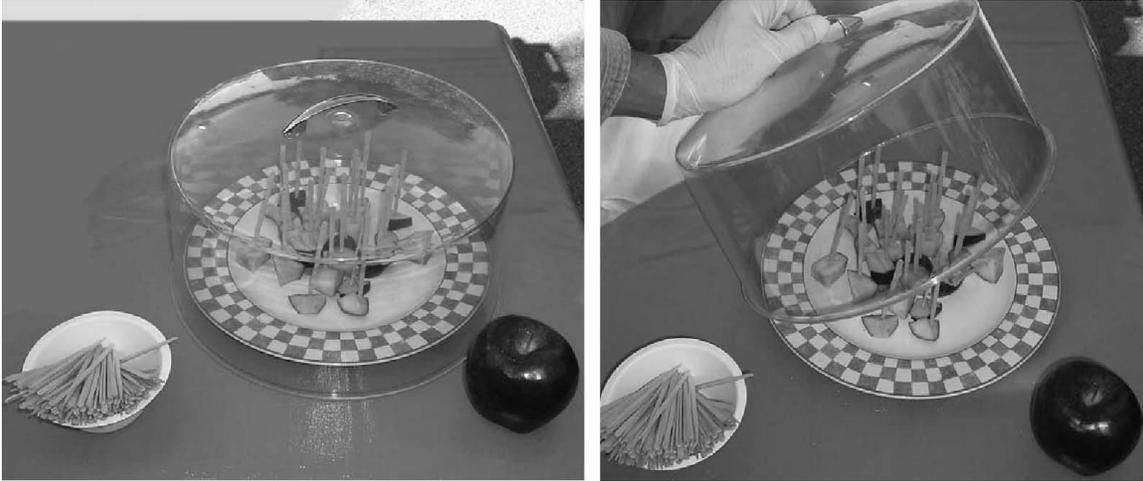
Examples of Marin County EHS approved sampling methods.

Provide containers with hinged covers to prevent food contamination.

Use of tongs to give out sample.

This method provides the best way to keep the food samples from being contaminated. Vendor is in complete control of the sampling process. This method is highly recommended.

Covered Sample Set-up



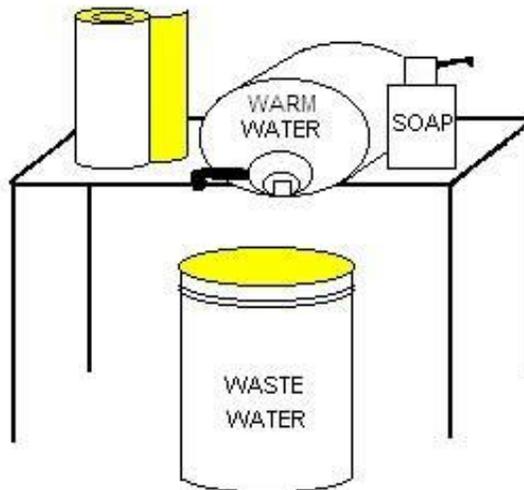
Here is another example of how to protect your samples. Notice the samples have tooth picks already so customer does not have to touch the sample. Cake cover acts as a sneeze protector.



If you are sampling nuts of any kind, you must use a nut-shaker similar to the ones pictured.

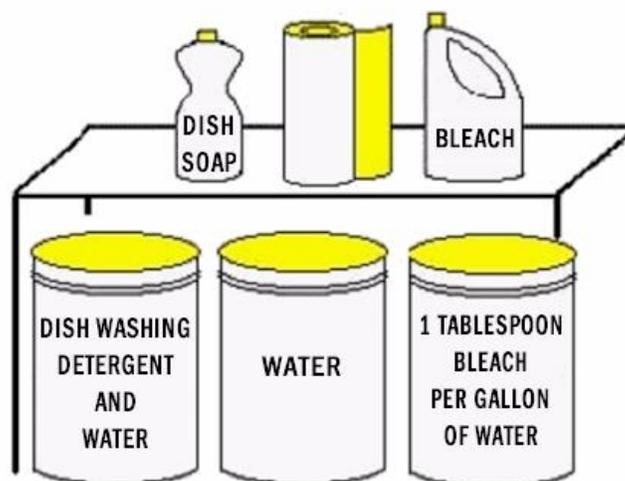
APPENDIX A: HANDWASHING AND UTENSIL WASHING REQUIREMENTS

Handwashing Facilities – Provide a five (5) gallon thermal water container, with a dispensing valve to leave hands free for washing; a waste-water container; soap dispenser, and paper towels for handwashing within the food booth. Handwashing facilities shall be separate from the utensil washing sink. Warm water (100° F) is required.



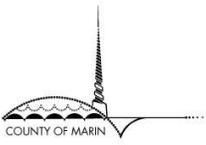
Utensil Washing Facilities – Booths with food preparation require three 5-gallon containers for the cleaning of equipment, utensils, and general cleaning purposes. One shall contain soapy water, one with clear rinse water, and the third a bleach/water solution (use 1 tablespoon of household bleach per gallon of water.)

NOTE: Additional facilities, such as a 3-compartment sink with running water, may be required where there is extensive food preparation, or where water, power, and sewer connections are available.



All wastewater must go to the sanitary sewer. Do not dump on ground or down a storm drain.

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Pre-packaged Temporary Food Facility Permit Application

To apply for a permit to operate, **fill out this application completely and submit the following items:**

- Sample Food Labels for the products being sold*
- Shared Food Facility/Commissary Agreement (must be complete and signed by applicant and commissary owner)*
- Health Permit License Application*
- Copy of the State Food Processing Permit from the facility where the food is processed and packaged, if the product you are selling is purchased from a wholesale manufacturer; **OR** if the food processor manufactures for retail, submit a copy of the facility's local County Health Permit.*
- Health Permit Fee (see current fee schedule)*

Proposals received less than two weeks prior to an event may not be approved if there is insufficient time to verify the information. Additional fees may be charged for late submittals. Incomplete or illegible proposals will not be processed.

Business Name: _____

Mailing Address: _____

Owner Name: _____ Telephone: (____) _____

Email address (*required*) _____

Event name, dates and time of the event: _____

Check one: Sampling will will not take place

How will food samples be stored, protected, and distributed? _____

Temperature control methods: _____

List all foods that will be sold:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

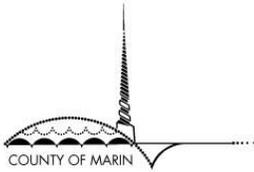
All foods must be prepared and stored in an approved food facility (CalCode). Photocopies of the permit for this facility (if not permitted by Marin County EHS) must be included with this proposal.

I HAVE READ AND AGREE TO THE "PRE-PACKAGED TEMPORARY FOOD FACILITY VENDOR REQUIREMENTS" AND THE "GUIDELINES FOR SAMPLING PRE-PACKAGED FOODS" ATTACHED TO THIS FORM.

Signature of Applicant

Date

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COMMUNITY DEVELOPMENT AGENCY
ENVIRONMENTAL HEALTH SERVICES

MARIN COUNTY CIVIC CENTER
3501 CIVIC CENTER DRIVE, ROOM 236, SAN RAFAEL, CA 94903
(415) 473-6907 FAX: (415) 473-4120
www.marincounty.org/ehs

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.)

Signature of Business Owner _____ Date _____

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)

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

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.

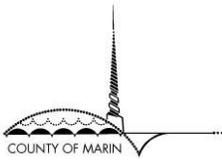
Signature of Commissary Owner/Manager _____ Print Name _____ Date _____

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 _____

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HEALTH PERMIT LICENSE APPLICATION

PERMIT TYPE (CHECK ONE): <input type="checkbox"/> RESTAURANT # OF SEATS: _____ <input type="checkbox"/> MARKET OR BAKERY SQUARE FOOTAGE: _____ <input type="checkbox"/> CATERER <input type="checkbox"/> TEMPORARY FOOD FACILITY <input type="checkbox"/> MOBILE FOOD FACILITY <input type="checkbox"/> FARMERS MARKET VENDOR <input type="checkbox"/> COTTAGE FOOD OPERATOR <input type="checkbox"/> OTHER FOOD (DESCRIBE) _____ <input type="checkbox"/> PUBLIC POOL # OF POOLS: _____ # OF SPAS: _____ <input type="checkbox"/> BODY ARTS <input type="checkbox"/> MEDICAL WASTE <input type="checkbox"/> HOUSING* # OF UNITS: _____ APN # _____ - _____ - _____ <small>*APARTMENTS WITH 16 UNITS OR MORE OR HOTELS WITH 12 OR MORE GUEST ROOMS REQUIRE AN ON-SITE MANAGER NAME, ADDRESS, AND TELEPHONE:</small>	IF REQUESTING A CHANGE, CHECK ALL THAT APPLY: <input type="checkbox"/> BUSINESS NAME <input type="checkbox"/> BUSINESS CONTACT CHANGE <input type="checkbox"/> BUSINESS LOCATION CHANGE <input type="checkbox"/> BUSINESS MAILING ADDRESS <input type="checkbox"/> LEGAL OWNER CONTACT INFORMATION <input type="checkbox"/> LEGAL OWNER MAILING ADDRESS <input type="checkbox"/> OTHER: _____		
ON-SITE MANAGER NAME _____ ADDRESS (INCLUDE APT OR UNIT #) _____ TELEPHONE _____			
FACILITY INFORMATION			
BUSINESS NAME (DBA)	HOURS of OPERATION		
BUSINESS ADDRESS			
STREET ADDRESS _____	CITY _____ ZIP CODE _____		
BUSINESS TELEPHONE: _____	ALTERNATE TELEPHONE NUMBER: _____		
BILLING ADDRESS (TO BE USED FOR SENDING INVOICES AND ALL CORRESPONDENCE) IF YOU WOULD LIKE TO USE THE BUSINESS STREET ADDRESS ABOVE, CHECK THIS BOX: <input type="checkbox"/>			
ADDRESSEE NAME <small>(IF DIFFERENT THAN BUSINESS NAME):</small>			
BILLING TELEPHONE NUMBER			
MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____			
LEGAL OWNERSHIP SELECT ONE: <input type="checkbox"/> SOLE PROPRIATORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INCORPORATED			
NAME			
MAILING ADDRESS			
MAILING ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____		
TELEPHONE AND EMAIL:			
TELEPHONE NUMBER: _____	FAX TELEPHONE NUMBER: _____		
EMAIL ADDRESS: _____			
I HEREBY CERTIFY THAT I AM THE OWNER OR AUTHORIZED REPRESENTATIVE OF THE PREMISES FOR WHICH A PERMIT IS APPLIED, AND THAT SAID PREMISES WILL COMPLY WITH ALL LAWS AND ORDINANCE IN EFFECT OR HEREAFTER ENACTED.			
SIGNATURE OF OWNER, PARTNER, CORPORATION OFFICER, OR AGENT _____ PRINT NAME AFTER SIGNATURE _____ DATE _____			
FOR OFFICE USE ONLY	FEE _____	CHECK OR CC AUTH # _____	RECEIPT # _____
LICENSE NUMBER _____	ACCOUNT NUMBER _____		

Revised November 2014

Environmental Health Services - 3501 Civic Center Drive, Room 236 - San Rafael, CA 94903 - 415 473 6907 T - 415 473 4120 F - 415 473 2255 TTY - marincounty.org/ehs
 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.

GENERAL INFORMATION: Any person who conducts business without a valid permit is guilty of a misdemeanor and is subject to fine and/or imprisonment. Any application to construct or remodel a food establishment or public swimming pool must be accompanied by plans and specifications. Delinquent Health Permits are subject to a 20% per month penalty.