



**COMMUNITY AND ECONOMIC
DEVELOPMENT DEPARTMENT
Division of Environmental Health**

2222 "M" Street
Merced, CA 95340
(209) 381-1100
<http://www.countyofmerced.com/eh>
Equal Opportunity Employer

STANDARDIZED ANNUAL TEMPORARY FOOD FACILITY (TFF) APPLICATION

A cost-saving opportunity for vendors operating at more than five Community Events within Merced County in the same calendar year with the exact same approved menu, equipment, and Operating Procedures each time. The Standardized Annual TFF approval must be attached to the Vendor Application and submitted to the Event Organizer ahead of each event for permit issuance.

Must submit a Health Permit Application along with this form.

VENDOR	VENDOR ORGANIZATION OR NAME OF FOOD BOOTH			
	PRIMARY CONTACT PERSON/ PHONE NUMBER		HAVE YOU PREVIOUSLY BEEN ISSUED A PERMIT FROM MERCED COUNTY ENVIRONMENTAL HEALTH? YES ☐ NO ☐	
	MAILING ADDRESS	CITY	STATE	ZIPCODE
	EMAIL ADDRESS		SECONDARY CONTACT PERSON/ PHONE NUMBER	

* = You MUST include these items in your sketch, if indicated as part of your proposed setup.

BOOTH INFORMATION	PLEASE MARK ALL THAT APPLY FOR YOUR BUSINESS STATUS: ☐ FOR PROFIT ☐ EXEMPT MILITARY VETERAN (PROVIDE COPY) ☐ OTHER (Please Specify) _____ ☐ NON-PROFIT WITH A VALID EIN # (EMPLOYER IDENTIFICATION NUMBER): _____
	HANDWASHING (MARK ONE): * ☐ ALL ITEMS WILL STILL BE SEALED/IN ORIGINAL PACKAGING WHEN SOLD OR GIVEN AWAY (NO HANDWASHING REQUIRED) ☐ I HAVE A PLUMBED HANDWASH SINK (WITH SOAP/ PAPER TOWELS/ 100-108°F WARM WATER) AS A PART OF MY TFF SETUP ☐ I HAVE AN ALTERNATE NON-PLUMBED HANDWASH SETUP (WITH SOAP/ PAPER TOWELS/ 100-108°F WARM WATER/CATCH BASIN) PER CALCODE SECTION 114358 AS A PART OF MY TFF SETUP & WILL ONLY OPERATE AT COMMUNITY EVENTS OF 3 DAYS OR LESS IN LENGTH
	Community events exceeding 4 hours require TFF operators with utensils/food contact surfaces to have a 3 compartment sink available and accessible in which they can wash/rinse/sanitize these items. If option #2 is selected, you are agreeing to only participating in events that are 4 hours or less.
	WAREWASHING (MARK ONE): * ☐ MY FULL MENU DOES NOT INCLUDE ANY OPEN FOOD OR BEVERAGE HANDLING OR PORTIONING (UTENSIL WASHING FACILITIES NOT REQUIRED) ☐ I HAVE EXTRA SETS OF CLEANED & SANITIZED UTENSILS KEPT IN A CLEAN CONTAINER TO USE AT EVENTS OF 4 HOURS OR LESS ONLY (COMPLETE THE FOOD / KITCHEN INFORMATION PORTION AT THE BOTTOM OF PAGE TWO FOR THE KITCHEN WHERE UTENSILS WILL BE WASHED/RINSED/SANITIZED) ☐ I HAVE A PLUMBED 3 COMPARTMENT SINK WITH HOT WATER (120°F), SOAP, SANITIZER & TEST STRIPS AS A PART OF MY PROPOSED TFF SETUP ☐ OTHER (SPECIFY) _____
PLEASE SPECIFY WHICH OF THE FOLLOWING YOU WILL BE USING FOR EVENTS (An enclosed booth is required where open food is present): Mark all that apply ☐ ENCLOSED TRAILER (License # _____)* ☐ CART (MFF ONLY)* ☐ ENCLOSED VEHICLE (License # _____)* ☐ BBQ * ☐ BUILDING / HALL / OTHER (Please specify)* _____ ☐ FULLY ENCLOSED BOOTH, INCLUDING: * ☐ BLEACH/SANITIZER & MATCHING TEST STRIPS ☐ CLEANABLE FLOOR ☐ CANOPY ☐ SCREENS ☐ WOOD ☐ PLASTIC TARPS ☐ METAL PROBE THERMOMETER ☐ OTHER (Please specify) _____	

EQUIPMENT / TOOL / MATERIAL CHECKLIST (Mark all that apply):

- | | |
|--|--|
| ☐ Container for sanitizer water
☐ Commercially bottled water used in foods and/or beverages
☐ Liquid waste storage containers *
☐ Refrigeration/ cold holding equipment *
☐ Hot holding equipment *
☐ Separate ice and storage containers for ice used for drinks and ice used for keeping foods cold
☐ Cooking equipment *
☐ Something to block heat generating equipment from public contact (rope, chairs, plywood, tables, saw horses, etc) or locate heat generating equipment in a part of booth not accessible to public *
☐ Garbage containers / garbage bags *
☐ Food utensils
☐ Food containers / lids
☐ Money handling equipment
☐ Food booth name sign *
☐ Other items: _____ | ☐ Food preparation tables *
☐ Food storage shelves, pallets, or tables *
☐ Food condiment containers with attached lids
☐ Containers with spigots for bulk beverages
☐ Hair confinement
☐ Electrical cord & trip hazard prevention items (duct tape, hang overhead, etc.)
☐ Electrical generator (if needed) *
Flooring for food booth if on dirt or grass:
☐ Tarp ☐ Mats
☐ Plywood ☐ Rugs
Fuel for hot holding and cooking equipment:
☐ Gas ☐ Charcoal, etc.
☐ Electricity ☐ Other _____ |
|--|--|

FOOD INFORMATION

[illegible]

ANY ADDITIONAL MENU ITEMS NOT LISTED ABOVE MUST BE SUBMITTED TO FOODPROGRAM@COUNTYOFMERCED.COM FOR REVIEW AND APPROVAL PRIOR TO ADDING THEM TO THE APPROVED SETUP.

FOOD / KITCHEN INFORMATION

A. DOES ANY FOOD CONTAIN MEAT, DAIRY, EGGS, CUT FRUIT, OR CUT VEGETABLES? ☐ YES ☐ NO

B. WILL ALL FOOD ITEMS STILL BE SEALED IN THEIR ORIGINAL PACKAGING WHEN SOLD OR GIVEN AWAY? ☐ YES ☐ NO

C. WILL FOOD BE PREPARED OR PORTIONED ON SITE AT THE TEMPORARY FOOD FACILITY EVENT? ☐ YES ☐ NO

D. WILL ANY FOOD BE PREPARED AT ANOTHER LOCATION BY THE APPLICANT? ☐ YES (Continue to "E") ☐ NO (Proceed to sketch sheet)

E. WHAT AMOUNT OF TIME WILL BE USED TO TRANSFER FOOD FROM THE APPROVED KITCHEN LISTED BELOW TO THE TFF?

TO BE COMPLETED BY THE OPERATOR OF THE APPROVED COMMERCIAL / COMMUNITY KITCHEN WHERE FOOD WILL BE PREPARED AND/OR UTENSILS WILL BE WASHED/SANITIZED

THE FOOD VENDOR LISTED ON THIS FORM HAS PERMISSION TO USE THE APPROVED COMMERCIAL / COMMUNITY KITCHEN NAMED BELOW FOR THE PREPARING AND STORING OF FOOD AND/OR WASHING AND SANITIZING OF UTENSILS FOR THEIR TFF OPERATIONS IN THE YEAR: _____

BUSINESS NAME OF COMMERCIAL / COMMUNITY KITCHEN:		ADDRESS OF COMMERCIAL / COMMUNITY KITCHEN:	
CITY:	STATE:	ZIP:	PHONE:
EMAIL:		OPERATOR OF COMMERCIAL / COMMUNITY KITCHEN:	
SIGNED	PRINT NAME	DATE	

Sketch Sheet – In the following space, provide a drawing and/or complete photos of the food booth setup. Identify and describe all equipment, including hand washing facilities, utensil washing facilities, cooking, hot holding and cold holding equipment, prep tables, food storage and garbage containers. You MUST show all items marked with an asterisk (*) in your sketch below that you indicated as part of your proposed setup.

How many people will be working in the booth? _____

**REQUIRED
SIGNAGE**

PLEASE READ AND INITIAL:

- _____ The Name of my Temporary Food Facility will be visible to customers in letters no less than 3 inches high.
- _____ The City, State, and ZIP Code of my Temporary Food Facility will be visible to customers in letters no less than 1 inch high.
- _____ I will visibly post my Temporary Health Permit to Operate during all hours of operation at the approved Community Event.
- _____ I will keep a copy of the Approved Standard Operating documents with me during operation at all approved Community Events.

I, _____ (print name), have read the Community Event guidelines and understand what is expected of me in order to operate my temporary food facility at multiple events. If I fail to provide the required items, or I have food from unapproved sources during the operation time, it may result in suspension / revocation of my permit, or further legal action.

Operator's Signature _____ Date: _____

Please email completed applications to: FoodProgram@countyofmerced.com

FOR OFFICE USE ONLY:

A/R No: _____

APPROVED _____ DATE _____

☐ PAID: INVOICE #: _____ \$ _____

☐ EXEMPT _____