



**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

## COMMUNITY FOOD EVENT VENDOR APPLICATION

**Directions:** Each food booth operator/vendor must fully complete and sign this Community Food Event Vendor Application and return it to the Event Organizer. The Event Organizer must submit all applications to Merced County's Division of Environmental Health (MCDEH) **at least 2 weeks prior** to the Community Event start date. Provide all information requested. **PRINT CLEARLY**

**BOOTH / SPACE#**  
ORGANIZER TO FILL OUT

|              |                  |                       |                                       |  |
|--------------|------------------|-----------------------|---------------------------------------|--|
| <b>EVENT</b> | 1. NAME OF EVENT |                       | 2. LOCATION NAME AND ADDRESS OF EVENT |  |
|              | 3. CITY          | 4. DATES OF OPERATION | 5. HOURS OF OPERATION                 |  |

|               |                                           |      |                                                                                                                                            |         |
|---------------|-------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>VENDOR</b> | 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 <input type="checkbox"/> NO <input type="checkbox"/> |         |
|               | 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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
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| <b>BOOTH INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PLEASE MARK ALL THAT APPLY FOR YOUR BUSINESS STATUS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> FOR PROFIT <input type="checkbox"/> EXEMPT MILITARY VETERAN (PROVIDE COPY) <input type="checkbox"/> OTHER (Please Specify) _____<br><input type="checkbox"/> NON-PROFIT WITH A VALID EIN # (EMPLOYER IDENTIFICATION NUMBER): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>HANDWASHING (MARK ONE): *</b><br><input type="checkbox"/> ALL ITEMS WILL STILL BE SEALED/IN ORIGINAL PACKAGING WHEN SOLD OR GIVEN AWAY (NO HANDWASHING REQUIRED)<br><input type="checkbox"/> I HAVE A PLUMBED HANDWASH SINK (WITH SOAP/ PAPER TOWELS/ 100-108°F WARM WATER) AS A PART OF MY TFF SETUP<br><input type="checkbox"/> 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 accesible in which they can wash/rinse/sanitize these items.<br><b>WAREWASHING (MARK ONE): *</b><br><input type="checkbox"/> MY FULL MENU DOES <u>NOT</u> INCLUDE ANY OPEN FOOD OR BEVERAGE HANDLING OR PORTIONING (UTENSIL WASHING FACILITIES <u>NOT</u> REQUIRED)<br><input type="checkbox"/> I HAVE EXTRA SETS OF CLEANED & SANITIZED UTENSILS KEPT IN A CLEAN CONTAINER TO USE AT EVENTS OF 4 HOURS OR LESS ONLY ( <b>COMPLETE THE FOOD / KITCHEN INFORMATION PORTION AT THE BOTTOM OF PAGE TWO FOR THE KITCHEN WHERE UTENSILS WILL BE WASHED/RINSED/SANITIZED</b> )<br><input type="checkbox"/> I HAVE A PLUMBED 3 COMPARTMENT SINK WITH HOT WATER (120°F), SOAP, SANITIZER & TEST STRIPS AS A PART OF MY PROPOSED TFF SETUP<br><input type="checkbox"/> OTHER (SPECIFY) _____ |  |
| <b>PLEASE SPECIFY WHICH OF THE FOLLOWING YOU WILL BE USING FOR EVENTS (An enclosed booth is required where <u>open</u> food is present): Mark all that apply</b><br><input type="checkbox"/> ENCLOSED TRAILER (License # _____)* <input type="checkbox"/> CART (MFF ONLY)* <input type="checkbox"/> ENCLOSED VEHICLE (License # _____)* <input type="checkbox"/> BBQ *<br><input type="checkbox"/> BUILDING / HALL / OTHER (Please specify)* _____<br><input type="checkbox"/> FULLY ENCLOSED BOOTH, INCLUDING: *<br><input type="checkbox"/> BLEACH/SANITIZER & MATCHING TEST STRIPS <input type="checkbox"/> CLEANABLE FLOOR<br><input type="checkbox"/> CANOPY <input type="checkbox"/> SCREENS <input type="checkbox"/> WOOD <input type="checkbox"/> PLASTIC TARPS <input type="checkbox"/> METAL PROBE THERMOMETER<br><input type="checkbox"/> 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
- ☐ Other items: \_\_\_\_\_

- ☐ Food booth name sign \*
- ☐ 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) \*
- ☐ Money handling equipment
- 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](mailto:FOODPROGRAM@COUNTYOFMERCED.COM) FOR REVIEW AND APPROVAL PRIOR TO ADDING THEM TO THE APPROVED SETUP.

**PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE FOOD YOU WILL BE SELLING AT EVENTS:**

- 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 OPERATION.

|                                                  |            |                                             |        |
|--------------------------------------------------|------------|---------------------------------------------|--------|
| 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                                        |        |

## FOOD / KITCHEN INFORMATION

**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? \_\_\_\_\_

**PLEASE MARK THE APPROPRIATE BOX FOR YOUR MERCED COUNTY HEALTH PERMIT TYPE (MARK ONE):**

- ☐ I DO NOT HAVE A PERMIT AND AM APPLYING FOR ONE
- ☐ I HAVE A COTTAGE FOOD OPERATION (CFO) PERMIT FACILITY ID # \_\_\_\_\_
- ☐ STANDARDIZED ANNUAL TEMPORARY FOOD FACILITY (TFF) FACILITY ID # \_\_\_\_\_
- ☐ ANNUAL MOBILE FOOD FACILITY (MFF) OR MOBILE FOOD PREP UNIT (MFPU) FACILITY ID # \_\_\_\_\_

**REQUIRED  
SIGNAGE**

**PLEASE READ AND INITIAL:**

- \_\_\_\_\_ The Name of my TFF, MFF, or MFPU will be visible to customers in letters no less than 3 inches high.
- \_\_\_\_\_ The City, State, and ZIP Code of my TFF, MFF, or MFPU 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 return your signed and dated Vendor Application to the Event Organizer, who is responsible for submitting all applications to MCDEH for review and approval at least 2 weeks prior to the Community Event start date.

For Community Events with only a single Vendor, the single Vendor is considered to be the Event Organizer.

**FOR OFFICE USE ONLY:**

A/R No: \_\_\_\_\_

PAID: INVOICE #: \_\_\_\_\_ \$ \_\_\_\_\_ TE #: \_\_\_\_\_

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

EXEMPT \_\_\_\_\_ BO #: \_\_\_\_\_