



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

2222 "M" Street
Merced, CA 95340
(209) 381-1100
(209) 384-1593 (FAX)
<http://www.countyofmerced.com/eh>
Equal Opportunity Employer

COMMUNITY FOOD EVENT ORGANIZER APPLICATION

Directions: This application must be completed and submitted to this office by the event organizer at least **two weeks prior to the event**, along with a completed and signed Community Food Event Vendor Application for **each** booth or food vehicle that will sell or give away food or beverages at the event. **Provide all information requested. Incomplete applications may delay approval.**

EVENT	1. NAME OF EVENT		
	2. LOCATION OF EVENT		3. CITY
	4. DATES OF OPERATION		5. HOURS OF OPERATION

ORGANIZER	6. SPONSORING ORGANIZATION		6(a). PLEASE MARK ALL THAT APPLY FOR YOUR ORGANIZATION'S STATUS:	
	7. CONTACT PERSON		☐ FOR PROFIT ☐ GOVERNMENT ENTITY (CITY,COUNTY, DISTRICT) ☐ NON PROFIT WITH A VALID EIN #: ☐ OTHER (PLEASE SPECIFY): _____	
	8. MAILING ADDRESS		9. CITY	10. STATE
	11. ZIP	12. EMAIL	13. PHONE #	14. CELLPHONE #

WHO	15. EXPECTED ATTENDANCE	16. NUMBER OF FOOD VENDORS/BOOTHES ATTACH A COMPLETED COMMUNITY EVENT FOOD VENDOR APPLICATION FOR EACH BOOTH.
	17. MAJORITY OF EXPECTED ATTENDEES' AGE ☐ <7 YEARS OLD ☐ GENERAL POPULATION ☐ >50 YEARS OLD	

FACILITIES	17a. WILL POTABLE WATER FROM AN APPROVED SOURCE BE PROVIDED TO THE FOOD VENDORS? ☐ YES, (source: _____) ☐ NO	17b. WILL POTABLE ICE FROM AN APPROVED SOURCE BE PROVIDED TO THE FOOD VENDORS? ☐ YES, (source: _____) ☐ NO
	18. WILL TOILET FACILITIES BE PROVIDED FOR FOOD WORKERS? ☐ YES: # _____ permanent / portable ☐ NO CHAPTER 11: Section 114359. Toilet facilities (a) At least one toilet facility for each 15 EMPLOYEES shall be provided within 200 feet of each TEMPORARY FOOD FACILITY.	
	19. WILL ELECTRICITY BE PROVIDED FOR EACH FOOD VENDOR? ☐ YES: # _____ ☐ NO	
	20. ARE JANITORIAL FACILITIES AVAILABLE? ☐ YES: # _____ ☐ NO METHOD OF DISPOSAL OF LIQUID WASTE FOR FOOD BOOTHS: _____	
	21. WILL GARBAGE DISPOSAL DUMPSTERS/CANS BE AVAILABLE? ☐ YES: # _____ ☐ NO NAME OF GARBAGE DISPOSAL COMPANY (if applicable): _____	

I, _____, have read the Community Event guidelines and understand what is expected of me in order to operate my community event. I have provided all required attachments (specified on page 2).

Organizer's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:		
A/R No: _____	☐ PAID: Invoice# _____ \$ _____ ☐ Exempt: _____	TE#: _____ CE#: _____

APPROVED: _____

Date: _____

***All of the following must be completed and attached to your application for approval:**

(CHECK OFF BOXES AS YOU COMPLETE THEM)

- ☒ **Completed and signed/dated Community Event Food Vendor Applications (one per listed vendor)**
- ☐ Community Event Food Vendor List (application PAGE 2)
- ☐ Community Event Site Plan (application PAGE 3)
- ☐ Copy of flyer, public newspaper advertisement, or similar public advertisement copy for the event
- ☐ Copy of the form/letter which shows approval from the appropriate City or County Parks & Recreation Department, OR a letter from property owner granting authorization for the event to occur on their property in conjunction with the appropriate Planning entity approval (city or county) **(if applicable)**

[illegible]

COMMUNITY EVENT SITE PLAN

Provide a diagram of the layout of the event indicating the following:

- | | |
|---|--|
| ☐ FOOD VENDORS (please # them) | ☐ JANITORIAL FACILITIES |
| ☐ ROADS (provide names) | ☐ GARBAGE AREAS |
| ☐ RESTROOMS | ☐ OTHER: _____ |
| ☐ WATER SOURCE(S) | |

EVENT NAME:

EVENT DATES:

Note: This diagram does not have to be drawn to scale, but linear measurements must be provided for restroom distances from food vendors.

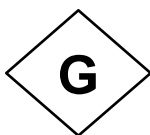
N



Use symbols below



Food Vendor as listed



Garbage Area



Water Source(s)



Restroom Facilities



Janitorial Facilities (to dump waste water)