



# County of Fresno

DEPARTMENT OF PUBLIC HEALTH  
 EDWARD L. MORENO, M.D., M.P.H.  
 DIRECTOR-HEALTH OFFICER

## COMMUNITY EVENT FOOD 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 Event Food Vendor Application for **each** booth or food vehicle that will sell or give away food or beverages at the event. The event may be inspected based on a Risk Assessment. If the event is inspected, the organizer will be billed for each vendor after the event.

<b>EVENT</b>	1. NAME OF EVENT		<b>\$47.00 FOR EVENTS OCCURRING JULY 2008 TO JUNE 2009</b>	
			<small>CALL FOR FEE AMOUNT FOR EVENTS OCCURRING JULY 2009 TO JUNE 2010</small>	
	2. LOCATION OF EVENT		3. CITY	
	4. DATES OF OPERATION		5. HOURS OF OPERATION	
6. DATE AND TIME FOOD SERVICE OPERATIONS WILL BE SET UP FOR INSPECTIONS TO BEGIN (IF INSPECTED)				

<b>ORGANIZER</b>	7. SPONSORING ORGANIZATION			
	8. CONTACT PERSON			
	9. MAILING ADDRESS			10. CITY
	11. STATE	12. ZIP	13. PHONE	14. FAX

<b>WHO</b>	15. EXPECTED ATTENDANCE		16. NUMBER OF FOOD VENDORS/BOOTHS <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px;"></div>	<i>ATTACH A COMPLETED COMMUNITY EVENT FOOD VENDOR APPLICATION FOR EACH BOOTH.</i>
	17. MAJORITY OF EXPECTED ATTENDEES' AGE <input type="checkbox"/> <7 YEARS OLD <input type="checkbox"/> GENERAL POPULATION <input type="checkbox"/> >50 YEARS OLD			

<b>FACILITIES</b>	18. TOILET FACILITIES	
	<input type="checkbox"/> PORTA-POTTIES, LOCATION, NUMBER	<input type="checkbox"/> PERMANENT FACILITIES, LOCATION, NUMBER
	19. WILL THERE BE AN ANIMAL CONTACT VENUE, SUCH AS A <input type="checkbox"/> PETTING ZOO, <input type="checkbox"/> PONY RIDE, <input type="checkbox"/> LIVESTOCK EXHIBIT, OR <input type="checkbox"/> OTHER SIMILAR FUNCTION WHERE PUBLIC COULD CONTACT ANIMALS, AT THIS EVENT? <input type="checkbox"/> NO IF THERE IS, A HAND WASH STATION (AS DESCRIBED IN QUESTION 20 BELOW) <i>MUST</i> BE PROVIDED. THE ANIMAL CONTACT VENUE WILL NOT BE ALLOWED TO OPERATE WITHOUT A FULLY STOCKED AND FUNCTIONING HAND WASH STATION THAT IS ROUTINELY MONITORED BY THE COORDINATOR OR DESIGNEE. SIGNS DIRECTING THE PUBLIC WHERE AND HOW TO WASH THEIR HANDS ARE ALSO REQUIRED TO BE POSTED.	
20. IF "OTHER SIMILAR FUNCTION" DESCRIBE:		
21. HAND WASH FACILITY TYPES <input type="checkbox"/> CONTAINER WITH SPIGOT (EVENTS LASTING 3 DAYS OR LESS) <input type="checkbox"/> SINK (EVENTS LASTING FOUR OR MORE DAYS)		
<ul style="list-style-type: none"> <li>• For events that run for three days or less, each hand wash facility must include warm water in a insulated container with a spigot that stays on so both hands are free for washing, liquid soap in a pump dispenser, paper towels, and a wastewater catch basin, or equivalent.</li> <li>• Hand wash facilities must be located in each food vendor booth, in or near toilet facilities and at the petting zoo exit.</li> <li>• Hand wash facilities must be set up prior to operation. Any food vendor OR petting zoo found operating without a complete hand wash set-up will be closed by this Department until such is provided.</li> </ul>		

GO TO PAGE 2

**COMMUNITY EVENT FOOD ORGANIZER APPLICATION**

**PAGE 2 OF 2**

**FACILITIES**

22. WILL POTABLE ICE BE PROVIDED TO THE FOOD VENDORS?  YES  NO IF YES, DESCRIBE THE SOURCE AND TRANSPORTATION.

23. WILL POTABLE WATER BE PROVIDED TO THE FOOD VENDOR?  YES  NO IF YES, DESCRIBE THE SOURCE AND TRANSPORTATION.

24. WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS?  YES  NO IF YES, DESCRIBE HOW.

25. DESCRIBE HOW AND WHERE FOOD BOOTH WASTEWATER WILL BE DISPOSED.

26. DESCRIBE HOW AND WHERE GARBAGE WILL BE DISPOSED.

27. ARE THREE COMPARTMENT SINKS ARE BEING PROVIDED BY THE ORGANIZER?

YES  NO IF SO, HOW MANY?

- Food vendors that handle open food with utensils must have access to a three compartment sink for WASHING, RINSING and SANITIZING utensils throughout the event.
- Three compartment sinks may be shared by up to four food vendors if the sink is centrally located and within a reasonable distance to the food booths. Reasonable distance should not exceed a maximum of 200 feet.
- Each sink compartment must be able to be filled with hot and cold running water through a mixing valve faucet. Buckets are not allowed to be used as sink compartments.
- The three compartment sink must have a supply of potable water and its waste water must be disposed into an approved sewer connection. Potable water may be supplied via tanks (25-30 gallons min.) or municipal connection.
- Waste water may be either collected in proper tanks (50% greater than the potable water tank(s)) and emptied into the sewer or the sink compartments drain into the sewer directly.
- FOR MORE INFORMATION ON THE REQUIREMENTS FOR THREE COMPARTMENT SINKS, PLEASE SEE THE "**COMMUNITY EVENT FOOD VENDOR REQUIREMENTS**" SHEET.

28A. IF THE ORGANIZER IS NOT PROVIDING THREE COMPARTMENT SINKS, SPECIFY THE LOCATION OF THE RESTAURANT(S) OR OTHER PERMANENT FOOD FACILITY(IES) THAT IS GOING TO ALLOW VENDORS USE THEIR THREE COMPARTMENT SINK.

28B. IF THE ORGANIZER IS PROVIDING THREE COMPARTMENT SINKS FOR THE VENDORS, SPECIFY WHICH VENDORS ARE USING WHICH SINKS.

29. IF THE ORGANIZER IS PROVIDING THREE COMPARTMENT SINKS FOR THE VENDORS, SPECIFY HOW THE POTABLE WATER WILL BE PROVIDED.

TANK, GALLONS: \_\_\_\_\_  MUNICIPAL WATER CONNECTION  OTHER: \_\_\_\_\_

30. IF THE ORGANIZER IS PROVIDING THREE COMPARTMENT SINKS FOR THE VENDORS, SPECIFY HOW WASTE WATER WILL BE DISPOSED.

TANK THAT WILL BE EMPTIED IN THE SEWER, GALLONS: \_\_\_\_\_  
 MUNICIPAL SEWER  SEPTIC SYSTEM  
 OTHER: \_\_\_\_\_

**BE SURE TO SPECIFY ON THE MAP  
 ANY APPLICABLE POTABLE WATER  
 FILLING STATIONS AND WASTE  
 WATER DISPOSAL LOCATIONS.**

**COMMUNITY EVENT AREA MAP**

31. ON A SEPARATE SHEET OF PAPER, PROVIDE A MAP OF THE EVENT AREA INDICATING LOCATIONS OF INDIVIDUAL FOOD BOOTH, TOILET FACILITIES (T), GARBAGE (G), POTABLE WATER SUPPLY (PW), ELECTRICAL SOURCES (E), WASTEWATER DISPOSAL FACILITIES (WW), THREE COMPARTMENT SINKS (3C), AND ANIMAL CONTACT VENUE (AC).

I, the undersigned, am aware of the Community Event food service requirements of the County of Fresno, Department of Public Health, and that I am responsible for ensuring that these requirements are followed at this event. I understand that failure to comply with the requirements will result in suspension of approval to operate by the Department of Public Health.

32. SIGNED

33. DATE

*Food Booth Owner/Operator*