



County of Yolo

DEPARTMENT OF COMMUNITY SERVICES

Environmental Health Division

292 W. Beamer Street, Woodland, CA 95695

Phone: (530) 666-8646 Email: Ehealth@yolocounty.org

April Meneghetti
Director of Environmental Health

TEMPORARY FOOD FACILITY PERMIT APPLICATION

(NOTE: If your event is on the UCD Campus please do not complete this form and visit <https://safetyservices.ucdavis.edu/units/ehs/food-safety/temporary-facilities>)

1. Business Information
Name of Business/Booth:
Owner's Name:
Phone Number:
Email:
Mailing Address:

2. Type of Permit
Annual Permit <input type="checkbox"/> OR Single Event Permit <input type="checkbox"/>
Name of First Annual / Single Event:
Date of First Annual / Single Event:
Location of First Annual / Single Event:
Booth Start Time for Event:
Facility Type: Booth <input type="checkbox"/> Mobile/Cart <input type="checkbox"/> Permanent Building <input type="checkbox"/> Distribution Table <input type="checkbox"/>
Vendor Type: For-Profit <input type="checkbox"/> Non-Profit (501c) (<i>complete pg 6</i>) <input type="checkbox"/> Veteran's Exempt (<i>complete pg 6</i>) <input type="checkbox"/>

3. Food Preparation (<i>check one</i>)
<input type="checkbox"/> On-site Preparation: Booth <input type="checkbox"/> Cart <input type="checkbox"/> Mobile <input type="checkbox"/>
<input type="checkbox"/> Commissary (<i>complete section 3a</i>)
<input type="checkbox"/> Cottage Food Permit (<i>provide a copy of valid health permit</i>)
<input type="checkbox"/> Sampling Only (<i>complete section 3b</i>)
<input type="checkbox"/> Other:

Date Rec'd:	Fees Paid:	Receipt #:	Facility ID #:	PE #:	PR#:
-------------	------------	------------	----------------	-------	------

3a. Commissary
Name of Commissary:
Commissary Address:
Commissary Owner's Phone Number:
Is the Commissary in Yolo County? Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, attach most recent inspection report)

3b. Sampling and Pre-Packaged ONLY	
Sample Only Booth: Yes <input type="checkbox"/> No <input type="checkbox"/>	Will all your samples be pre-packaged? Yes <input type="checkbox"/> No <input type="checkbox"/>
Where is the food stored before event?	
How and where will food be stored during the event?	
Describe your food and/or beverage sampling procedure:	
What food items will you be sampling?	
I understand that foods must be stored and dispensed in a manner that will protect foods from contamination. I understand that unless samples are stored in pre-packaged containers, a hand wash station is required. Initials _____	

4. Booth Equipment
Sanitizing solution and test strip (required for open foods only)
Type of Sanitizer (i.e., liquid bleach): _____ Test Strips? <input type="checkbox"/> No <input type="checkbox"/>
Disposable food service gloves: Yes <input type="checkbox"/> No <input type="checkbox"/>
Sanitary commercial cutting boards: Yes <input type="checkbox"/> No <input type="checkbox"/>
Garbage container: Yes <input type="checkbox"/> No <input type="checkbox"/>
3-Step ware wash station (see pg 5 for example): Yes <input type="checkbox"/> No <input type="checkbox"/>
Hand wash station with warm water: Yes <input type="checkbox"/> No <input type="checkbox"/> Hand wash station must be insulated and must have a hands-free spigot (see pg 5 for example).

5. Operations	
Where is the facility's potable water source?	
Where will grey water be disposed?	Where is garbage disposed?
Will food be stored overnight? Yes <input type="checkbox"/> No <input type="checkbox"/> Location:	
What is done with leftover foods?	

TFF Menu Sheet

List all food and beverage items (e.g., tacos, tortillas, shredded chicken, salsa, lemonade, etc.). Note: Food items will be reviewed and must be approved prior to event.	If food is prepared off site, write "commissary." Foods may not be stored or prepared at home, except approved cottage food products from registered or permitted CFO's.	How will food be prepared (e.g., BBQ, deep-fry, grill, etc.)?	What type of insulated container will be used to transport potentially hazardous foods to keep them above 135°F or below 41°F?	Type of food holding units in booth (e.g., ice chest, freezer, chafing dishes, crock pot, etc.). Note: Use of BBQ grill to hold food is strictly prohibited.	How will the food be handled and dispensed? (tongs, ladle, etc.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

6. Booth Layout

Provide a drawing of your booth in the space below. Draw all equipment, including cooking and holding equipment, handwashing station, worktables, ware washing station, food and paper product storage, garbage containers, and customer service areas.

Will any equipment or food be located outside of booth, mobile or cart? Yes No

Is booth fully enclosed with flyproof screens? Yes No

Is there overhead protection? Yes No

Garbage can located in booth? Yes No

Hand wash station located at all food handling areas? Yes No

Booth Drawing *(see page 5 for example)*



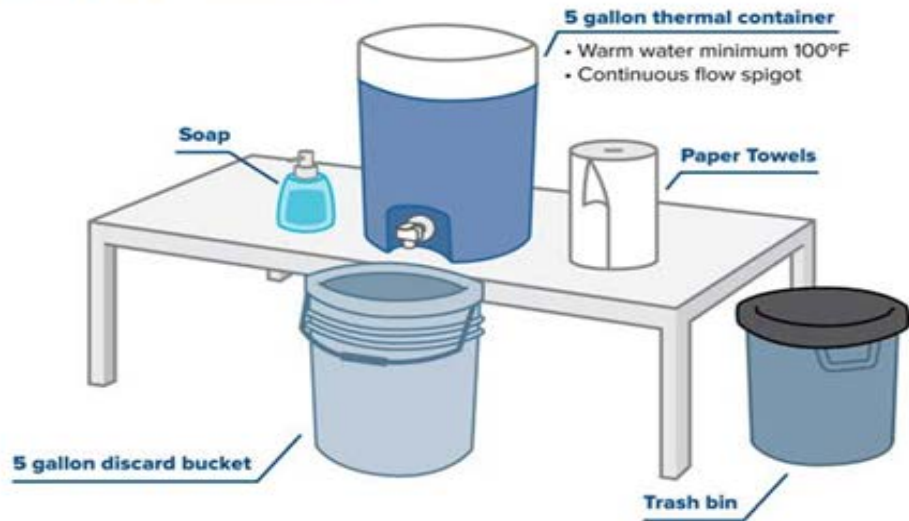
I have read and will comply with the temporary food facility requirements, and I fully understand that any deviation from the submitted application without prior approval may nullify final approval.

Signature of Booth Operator: _____ Date: _____

Approved by Specialist:

Signature: _____ Date: _____

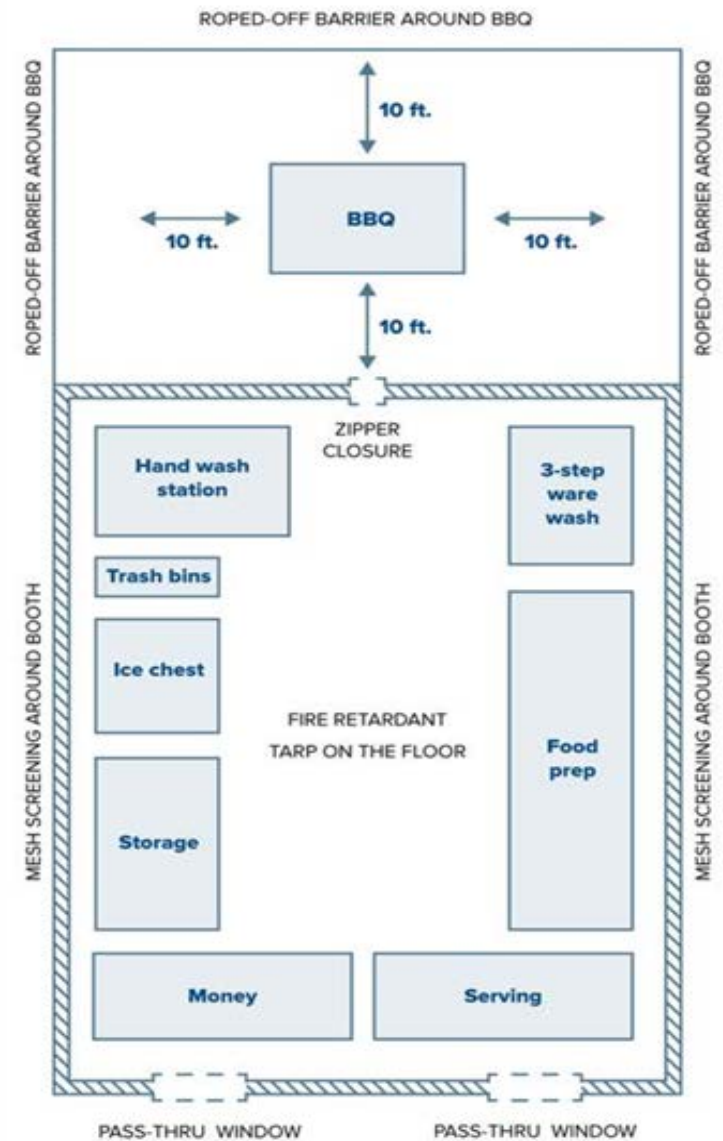
Hand Wash Station



3-Step Ware Wash Station



Sample Booth Plan





County of Yolo

DEPARTMENT OF COMMUNITY SERVICES

Environmental Health Division

292 West Beamer Street, Woodland, CA 95695 P

PHONE - (530) 666-8646 FAX - (530) 669-1448

April Meneghetti, REHS

Environmental Health Division Manager

AFFIDAVIT FOR EXEMPTION ENVIRONMENTAL HEALTH FEE BUSINESS/OWNER INFORMATION

Business Name _____

Mailing Address _____

Phone Number _____

Business Owner _____

Owner Address _____ Phone _____

Any business or activity operated by a blind person who has a certificate issued by the Department of Rehabilitation of the State of California, (California Fee exemption code 8.04.670). **Include a copy of your certificate issued by the Department of Rehabilitation.**

Any state-registered or tax-exempt person or organization operating, exclusively for a charitable purpose, a business or activity where no person benefits through the distribution of profits or other compensation. This applies to applicants requesting a fee exemption for temporary food booths or community events only. **Include a letter from the IRS with recognition of exemption under section 501(c)(3,4,6 or 7). Enter your current tax-exempt identification number:**
_____.

Every soldier, sailor or marine of the United States who has received an **honorable discharge** or a release from active duty under honorable conditions from such service may hawk, peddle and vend any goods, wares or merchandise owned by him, except spirituous, malt, vinous or other intoxicating liquor, without payment of any license, tax or fee whatsoever, whether municipal, county or State, and the board of supervisors shall issue to such soldier, sailor or marine, without cost, a license therefore. (State of California Business and Professionals Code, Section 16102). *Note: This code only exempts veterans from fees associated with selling goods (Food programs only) not services. Include a copy of your honorable discharge or release from active duty.*

Proof of Ownership	<input type="checkbox"/> Board of Equalization and <input type="checkbox"/> Business Lease or <input type="checkbox"/> Business License	
I declare and certify under penalty of perjury, by the law of the State of California, that the information provided is true and correct.		
Signature of Applicant _____ Date _____		
Title of Applicant _____		
For Official Use Only		Facility #
Signature _____	Approved _____	Program Element #
Date _____	Disapproved _____	