



Community and Economic Development Environmental Health Division

• 200 W. 4th Street, Suite 3100
 • Madera, CA 93637
 • (559) 675-7823
 • FAX (559) 675-7919
 • envhealth@madera-county.com

Dexter Marr
Deputy Director

Event #:	Invoice #:	Entered By:	Date:
----------	------------	-------------	-------

Concessionaire Health Permit Application for Food and Beverage Booths at Community Events *(Please complete pages 1 through 4 of the Application.)*

BOOTH OWNER/OPERATOR INFORMATION

Owner/Operator Name: _____ Contact Person _____

Business Address: _____ City: _____ ST: _____ Zip: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Home/Cell Phone: () _____ Fax Phone: () _____

Driver's License Number: _____ E Mail: _____

BOOTH INFORMATION:

Booth Business Name (Please Print) _____

Number of Your Booths at this Event _____ of _____ Attach a completed Health Permit Application for Each Booth.

NAME OF OFF-SITE FOOD PREPARATION FACILITY, IF APPLICABLE

(Business Name where food is prepared prior to the event) : _____

Address of Permitted Facility _____

Phone () _____ - _____ Fax () _____ - _____

All foods must be prepared and stored in a facility with a valid Health Permit. (No home preparation or storage)

EVENT INFORMATION

Name of Event: Madera Pomegranate, Fruit, and Nut Festival

Event Address: 1850 Cleveland Ave City: Madera ST: CA Zip: 93637

Organizer/Sponsor Name: Madera Chamber Of Commerce Organizer/Sponsor Phone: (559) 673-3563

Start Date: 11/3/18 Time: 10:00A.M. **End Date:** 11/3/18 Time: 5:00P.M.

<input type="checkbox"/> For Profit <input type="checkbox"/> Madera Permitted Mobile Sticker #: _____	<input type="checkbox"/> Prepackaged <input type="checkbox"/> Sampling <input type="checkbox"/> Cottage Food Operator (CFO) _____ <div style="text-align: right; font-size: small;">(County)</div>	Exemption: <input checked="" type="checkbox"/> 501-C3 <input type="checkbox"/> VA Exception DD-214 (Provide Copy)
--	---	---

I am operating for the benefit of a non-profit association with a (501-C3) (if this box is checked, please read below, provide non-profit letter and sign where indicated)

Non-Profit Association: 1. Name Madera Chamber Of Commerce 2. Contact # Debi Bray (559) 673-3563

Note*An organization that was organized and is in operation for charitable purposes and meets the requirements of CalCode Section 113842, Section 214 of the Revenue and Taxation Code. A corporation incorporated pursuant to the Nonprofit Corporation LAW (Division 2 (commencing with Section 5000) of Title 1 of the Corporations Code), that is exempt from taxation pursuant to paragraphs (1) to (10), inclusive, and paragraph (19) of Section 501 (c) of the Internal Revenue Code and Section 23701d of the Revenue and Taxation Code. Organizers/Food Vendors that comply with CalCode Section 113789(c)(1) certify by signing below that they will receive no monetary benefit other than that resulting from recognition for participating in this event and are not subject to a health permit fee.

*All fees paid in advance of the event. No money will be collected on-site. Permit fees are as per the most current fee schedule approved by the Board of Supervisors. Failure to comply with the above conditions may result in closure of food booths and/or additional fees. Applications and payments or copies of tax exemption status must be received by Madera County Environmental Health Dept. at least 14 working days prior to the event date.

I have read, understood, and will abide by the requirements for Sales of food from a Temporary Food Booth.

Signature of Applicant _____ Date _____

Concessionaire Health Permit Application for Food and Beverage
Booths at Community Events *Please complete pages 1 through 4 of the Application.*

VETERAN'S FEE EXEMPTION FORM

This exemption is in accordance with Section 16102, Business and Professions Code, which allows every United States Veteran, who has received an honorable discharge or a release from active duty under honorable conditions, to hawk, peddle, sell any goods, or merchandise owned by him, (except spirituous, malt, vinous or other intoxicating liquor), without payment of any license, tax or fee.

This affidavit is to be filed with the Madera County Environmental Health Division in conjunction with this application for a Health Permit to operate a food sales business.

Business Name: _____

Business Location: _____

Mailing Address: _____ City: _____

Business Owner (Veteran): _____ Phone #: _____

Owner Address: _____ City: _____

Verification of Owner Veteran Identity:

Drivers License No: _____ State _____ Expiration Date _____ Birth Date: _____

Service Branch: Army Navy USMC USAF USCG

Service Documentation: Attach a copy of Veteran=s *Honorable Discharge Form (DD214)*.

I DECLARE UNDER PENALTY OF PERJURY, BY THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING
INFORMATION IS TRUE AND CORRECT.

Signature _____ Date _____ Account #: _____

Concessionaire Health Permit Application for Food and Beverage
Booths at Community Events *Please complete pages 1 through 4 of the Application.*

Please list all foods to be served and key equipment to be used in the booth

Name of Food or Beverage	Prepared on-site (Circle one)		Equipment used to hold food <i>Cold</i> -Less than 41° F, or <i>Hot</i> -Greater than 135° F	Source of Food Supplies (Name & Location of suppliers)
	Y	N		
1.				
2.				
3.				
4.				
5.				
6.				

Please Answer the Following

Food Preparation (Washing Facility)	For foods that need to be washed (produce, etc.). Where will you do it?
Food Transportation	How is food kept hot or cold during transportation to the event?

*** No Home Preparation or Storage of Food.

*** Utensils and equipment must arrive at the event in clean and sanitary condition.

Required Equipment

Thermometer	<input type="checkbox"/> Probe type (0° F to 200° F) must be available for monitoring temperatures of perishable food. <i>Cold</i> -Less than 41° F, or <i>Hot</i> -Greater than 135° F
Handwashing Facilities	<input type="checkbox"/> Plumbed sink <input type="checkbox"/> Gravity flow container with spigot/faucet to allow water flow with both hands free. <i>As a minimum, you need 5 gallons of water in a container with a "hands free" spigot, a bucket to catch wastewater, a liquid or powder soap in a dispenser and paper towels.</i>
Utensil Washing Facilities	<input type="checkbox"/> A maximum of 4 booths may share one Plumbed or Portable 3-compartment sink with hot and cold running water. (provide sanitizer test strips) <input type="checkbox"/> Use of 3 separate 5 gallon dish tubs/buckets in booth-provide sanitizer test strips. <i>"Sanitizer" (one tablespoon of Bleach for each gallon of water)</i>

Potable Water & Waste Disposal

Source of potable water provided by:	<input type="checkbox"/> Organizer <input type="checkbox"/> Other: _____
Location of waste disposal provided by:	<input type="checkbox"/> Organizer <input type="checkbox"/> Other: _____

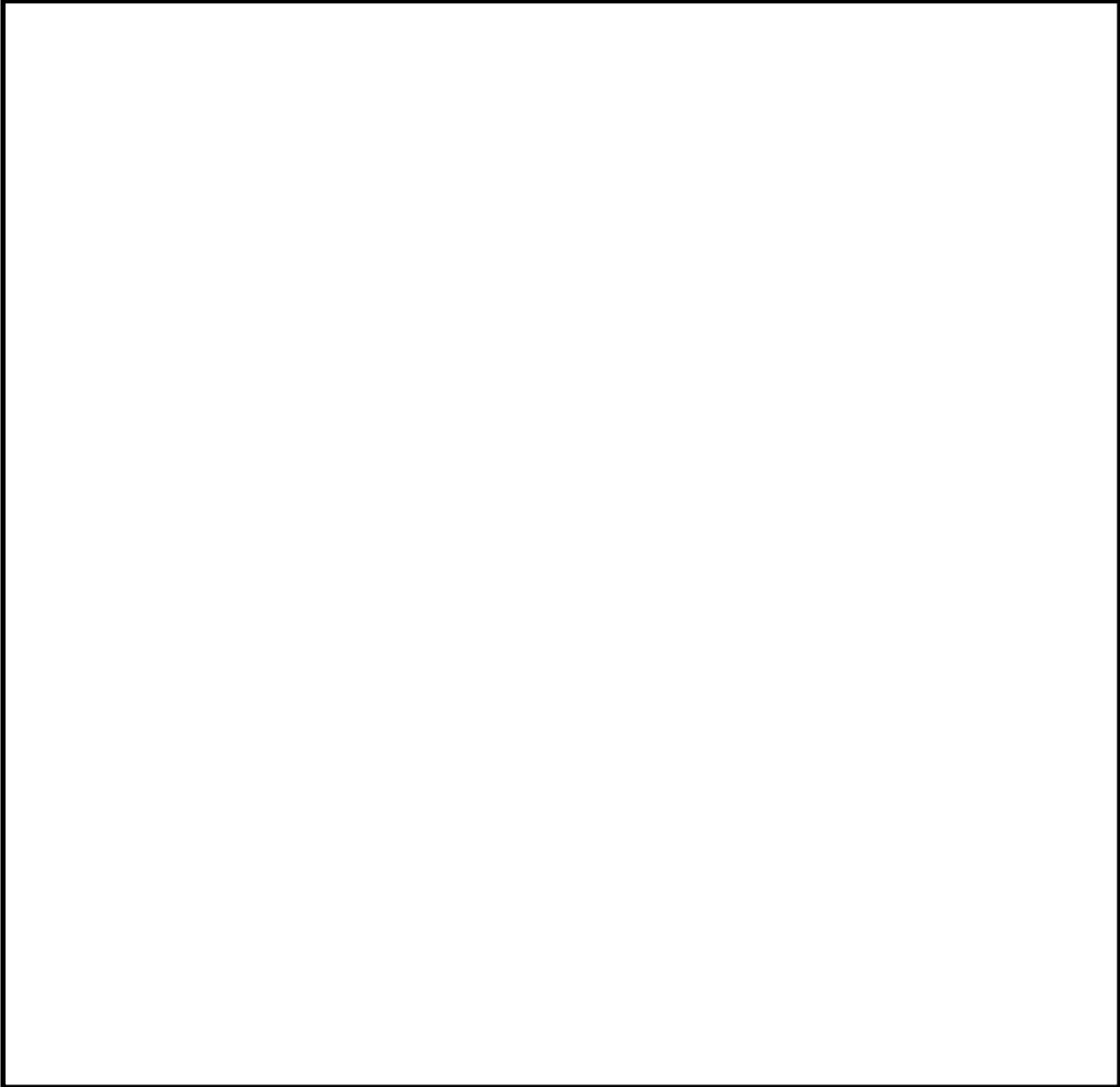
Concessionaire Health Permit Application for Food and Beverage Booths at Community Events *Please complete pages 1 through 4 of the Application.*

Sketch Sheet

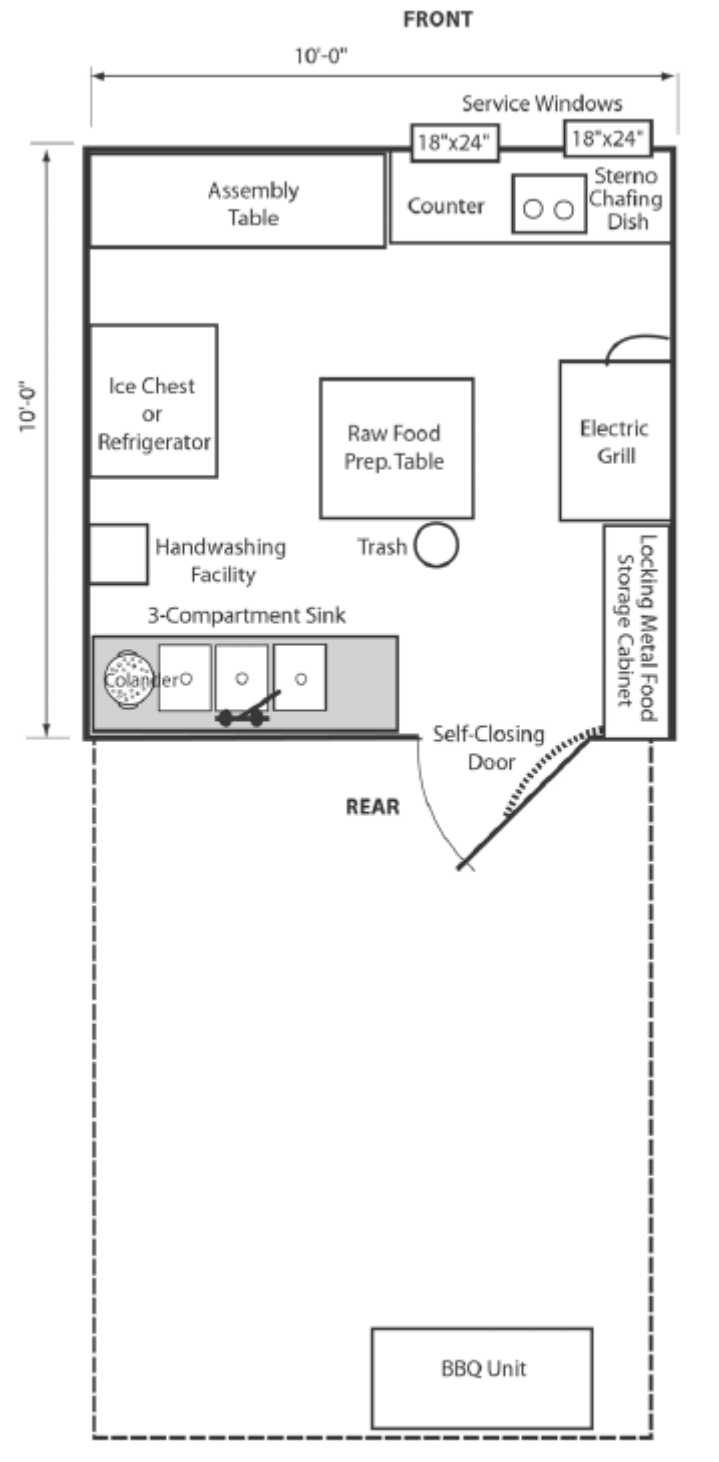
Drawing of Food Booth

Name of Booth: _____

In the following space, provide a drawing of the Food Booth. Identify and describe all equipment including cooking and cold holding equipment, handwashing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, and customer service areas.



Sample Concessionaire Food Booth Drawing



Community Event Booth Inspection/Self Inspection Form

Please complete this form **before you begin to serve food** to the public.

Have the form available to show to the event sponsor or to the Environmental Health Inspector.

Items to be completed before serving food to the public	Initial when done
1 Handwash station is set up and is ready to use. -Hands shall be washed for 20 seconds- -container of warm water with a spigot for continuous flow of water. -bucket to catch the dirty water -liquid soap in a pump dispenser -single use paper towels	1 _____
2 Utensil wash station is set up and ready to use. -Provide sanitizer test strips -compartment with soapy hot water to use for washing -compartment with water to use for rinsing -compartment with bleach and water to use for sanitizing -One (1) spoon of bleach for ½ bucket of water -[One tablespoon in each 2 gallons of water]	2 _____
3 Food preparation tasks are delegated so there are three types of workers: -those who only touch the raw meat and poultry -those who only touch ready to eat foods -those who only touch the money	3 _____
4 All food preparation is done inside of the enclosed booth that shall be enclosed on all sides with 16 mesh per square inch screens.	4 _____
5. Floors constructed of concrete, asphalt, tight wood, or other similar cleanable material kept in good repair.	5 _____
6 If there is a bar-b-q it can be outside of the booth but all food cooked outside must then be taken back inside the enclosed booth for service to the customer	6 _____
7 Thermometer to measure food temperatures is available in the booth.	7 _____
8 All cold foods are well iced and are below 41 degrees F.	8 _____
9 All hot foods are: -served directly to the customer or held at or above 135 degrees F Discard any remaining hot foods at the end of each day.	9 _____
10 Trash containers are available inside the booth	10 _____
11 Self-serve condiments are: - in containers with a hinged lid or in squeeze bottles or in individual packets.	11 _____
12 All open food is protected from customer spit and sneezes.	12 _____
13 Assure food is 6 inches off the floor.	13 _____
14. Provide stocked first aid kit , if dealing with heat burn cream or spray is required.	14 _____
15. Provide Type 2A 10BC fire extinguisher. If cooking with grease provide Type K fire extinguisher	15 _____
16. Health Permit is prominently displayed for the public.	16 _____

Name of the person in charge of the booth: _____

(There must be someone in charge and present at all times)