



# County of Fresno

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

## COMMUNITY EVENT FOOD VENDOR APPLICATION

**Directions:** Each food booth operator/vendor must **complete and sign** this Community Event Food Vendor Application and return it to the **event organizer**. The event organizer must submit all applications to this office at least **2 weeks prior to the event**. The event may be inspected based on a Risk Assessment. If the event is inspected, the event organizer will be charged a fee of \$36.00 per booth.

BOOTH / SPACE NUMBER:
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<b>EVENT</b>	1. NAME OF EVENT		
	2. LOCATION OF EVENT		3. CITY
	4. DATES OF OPERATION		5. HOURS OF OPERATION

<b>VENDOR</b>	6. VENDOR ORGANIZATION OR NAME OF FOOD BOOTH		
	7A. NUMBER OF FOOD BOOTHS	7B. ARE YOU OPERATING FROM ANY OF YOUR VEHICLE(S) THAT ARE PERMITTED BY FRESNO COUNTY ENVIRONMENTAL HEALTH AS A MFF(S) AND/OR MFP(S)?	<input type="checkbox"/> YES (GO TO #7C) <input type="checkbox"/> NO (GO TO #8)
	7C. IF YOU MARKED YES TO 7B, THEN LIST VEHICLE LICENSE PLATE NUMBER(S) AND BUSINESS NAME		
	8. CONTACT PERSON		
	9. MAILING ADDRESS		10. CITY
	11. STATE	12. ZIP	13. PHONE

<b>MENU</b>	15. MENU - LIST ALL FOOD AND BEVERAGE ITEMS TO BE SERVED (MAIN DISHES, SIDE DISHES, CONDIMENTS, DRINKS, ETC.)		
	16. SOURCES - IDENTIFY THE SOURCES OF EACH FOOD ITEM INCLUDING ICE (NAME OF MARKET, RESTAURANT, SUPPLIER, ETC.)		
17. TRANSPORTATION - DESCRIBE HOW FROZEN, COLD, AND/OR HOT FOODS WILL BE TRANSPORTED TO THE EVENT			

GO TO PAGE 2

**COMMUNITY EVENT FOOD VENDOR APPLICATION  
PAGE 2 OF 2**

**OFFSITE**

18. WILL ANY FOODS BE PREPARED AT A LOCATION OTHER THAN IN YOUR BOOTH AT THE EVENT?  YES  NO

**IF "YES"** Food preparation must be done in a retail facility approved by this department. The Commissary Authorization section below must be completed and signed by the owner/operator of the approved and permitted retail facility where food preparation will take place.

**IF "NO"** All food preparation will be done in the food booth at the event.

*TO BE COMPLETED BY THE OWNER/OPERATOR OF THE APPROVED AND PERMITTED RETAIL FOOD FACILITY IN WHICH FOOD PREPARATION WILL TAKE PLACE.*

**COMMISSARY AUTHORIZATION**

19. THE FOOD VENDOR LISTED ON THIS FORM HAS PERMISSION TO USE THE FOOD FACILITY NAMED BELOW FOR PREPARING AND STORING FOOD ON THE FOLLOWING DATES:

20. FACILITY NAME:

21. ADDRESS

22. CITY

23. STATE

24. ZIP

25. PHONE

26. FAX

27. OWNER/OPERATOR

28. SIGNED

29. DATE

*Food Facility Owner, Operator or Authorized Representative*

*IF THE FOOD FACILITY IN WHICH FOOD PREPARATION WILL TAKE PLACE IS LOCATED OUTSIDE OF FRESNO COUNTY, THE LOCAL ENFORCEMENT AGENCY MUST SIGN BELOW, AUTHORIZING USE OF THE FACILITY, AND VERIFYING A CURRENT PERMIT TO OPERATE.*

30. SIGNED

31. DATE

*Environmental Health Specialist*

32. COUNTY

I, the undersigned, agree to comply with the Community Event food service requirements of the County of Fresno Department of Community Health. I understand that failure to comply with the requirements will result in suspension of approval to operate by the Department of Community Health.

33. SIGNED

34. DATE

*Food Booth Owner/Operator*