



DEPARTMENT OF ENVIRONMENTAL RESOURCES

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www.stancounty.com

TEMPORARY FOOD FACILITY

APPLICATION FOR PERMIT

Illegible or incomplete applications may result in delay or denial of permit.

Mark one box on the right for the type of event for which you are applying.	<input type="checkbox"/> Community Event
	<input type="checkbox"/> Certified Farmer's Market
	<input type="checkbox"/> Swap Meet (Prepackaged non-PHF only)
Have you attended an event in this county within the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Event has only one food vendor?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>D.E.R. Use Only</u>	
<input type="checkbox"/> PHF	<input type="checkbox"/> Pre-Packaged

COMMUNITY EVENT INFORMATION

Name of Event: Taste of Oakdale		
Starting Date: August 27, 2019	End Date: August 27, 2019	Setup Date: August 27, 2019
Address: 110 S. 2nd Ave		
City: Oakdale	State: CA	Zip: 95361
Organization: Oakdale Chamber of Commerce	Phone: (209)	847 - 2244
Event Contact Person: Mary Guardiola	Phone: ()	-

TEMPORARY FOOD FACILITY INFORMATION

Business Name:		
Operator Name:		
Name of the Booth / Vehicle / Cart:		
Primary Phone: () -	Secondary Phone: () -	
Email Address:		
Address:		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:
OFF-site prep:	County:	
Address:		
City:	State:	Zip:
Will you attend with as a	<input type="checkbox"/> CFO <input checked="" type="checkbox"/> Booth <input type="checkbox"/> Cart <input type="checkbox"/> Vehicle Lic	Permit

- o Food vehicles must obtain their permit from DER prior to the event. If this vehicle has been permitted in another county within the past 30 days, operator may submit the inspection report in lieu of the inspection.
- o For Veteran's Affair exemption, please attach a copy of form DD-214 to this application for permit.

Operator's Signature: _____ Date: _____

Event Contact Person's Signature: _____ Date: _____

All applications for temporary food permits are to be submitted to the event organizer for approval.

- Does any food contain meat, dairy or cut fruits or vegetables? YES NO
- Will all food and drinks served be prepackaged? YES NO
- Will all food be prepared at the temporary food facility site? YES NO
- What is the amount of time used to transfer the food to the event: _____ minutes/hours

List all food items, including drinks, ice, and prepackaged foods such as chips or candy.

Food Item(s)	Cooking Method (ex. fried, grilled, baked)	Holding HOT or COLD?	Name of EQUIPMENT used for hot or cold holding	Where is food purchased /obtained

Sketch Sheet – In the following space provide a drawing of the food booth. Identify and describe all equipment, including hand-washing facilities, dishwashing/utensil-washing facilities, cooking, hot-holding and cold-holding equipment, prep tables, food storage, and garbage containers.

How many people will be working in the booth? _____

I, _____, have read the TFF guidelines and understand what is expected of me in order to operate my temporary food facility at this event. If I fail to provide the required items during the operation time, it may result in suspension/revocation of my permit, or further legal action.

Operator's Signature: _____ Date: _____