



Rose Mary Rahn
Director

Milton Teske, M.D.
Health Officer

To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.



TO: TEMPORARY AND/OR SPECIAL EVENT COORDINATOR(S)

**FR: DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES**

RE: TEMPORARY AND/OR SPECIAL EVENTS

Section 114381.1 of the California Retail Food Code requires that a permit shall be obtained by the person or organization that is in control of any community event at which one or more temporary food facilities will operate. A copy of the Temporary and/or Special Event Coordinator Application is included. Please complete and submit it to our department at least **two weeks** prior to the event along with your payment and a list of all the participating food vendors. The following information refers to the requirements that each food vendor must meet prior to and during the event.

The Kings County Department of Public Health – Environmental Health Services Division requires that all food vendors that would like to participate in the upcoming temporary and/or special event submit a **FOOD VENDING PERMIT APPLICATION FOR TEMPORARY EVENTS**, regardless of whether or not they have a current food vending permit (FVP) in Kings County.

Only completed applications will be accepted as proof that they have met this requirement. If they are unable to satisfy this requirement, please have the food vendor contact the Department prior to the event. *(Note: Food vendors may not use a food vending permit from a different county to operate in Kings.)*

Food vendors will also receive a copy of the informational guide attached, which summarizes the minimal standards for safe food handling practices during such events. Any questions or concerns regarding the requirements for operating a food booth should be referred to the Environmental Health Department.

The Department conducts routine inspections at temporary and/or special events in the community. Food vendors that are found to be out of compliance with these requirements will **NOT** be allowed to participate. Their failure to comply may further result in legal prosecution.

Thank you for your anticipated cooperation!



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PLEASE COMPLETE AND RETURN AT LEAST TWO WEEKS PRIOR TO THE EVENT WITH A LIST SHOWING THE NAMES AND NUMBERS OF ALL THE PARTICIPATING FOOD VENDORS

- Non-Profit**\$0.00
Please provide verification of non-profit status to our office along with your application.

Community Event Sponsor (for profit) Fees:

- Small Events 1-5 vendors**.....\$125.00
- Medium Events 6-15 vendors**.....\$203.34
- Large Events 16 vendors or more**.....\$305.01

EVENT NAME	DATE(S)	TIME
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
LOCATION: ADDRESS & CITY	VENDOR SET-UP TIME	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
EVENT COORDINATOR	CONTACT PHONE	ALTERNATE PHONE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
CONTACT MAILING ADDRESS	E-MAIL ADDRESS (if available)	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
COORDINATOR'S SINGNATURE	FILING DATE	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Each temporary food facility at the event must also have a valid and current food vending permit in compliance with the California Retail Food Code.

OFFICE USE ONLY

REC'D BY # _____ DATE REC'D ____ / ____ / ____ AMT REC'D \$ _____

PAYMENT TYPE: ____ CASH ____ MONEY ORDER. ____ CREDIT CARD ____ CHECK

RECEIPT / CHECK # _____ CHECK DATE: ____ / ____ / ____

Notes: _____

Approved by : _____ Date: _____



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Please complete this application form and return it at **least two weeks** before the event together with your payment, a list of the participating vendors (*names and contact numbers included*) and a site map that shows the locations of the following:

- ❖ Temporary and mobile food facilities, source of water supply and/or portable water source to each facility, number of all portable toilet(s) and/or restrooms, hand washing facilities, trash disposal containers, and shared utensil washing.

Please designate the **north** direction by placing an arrow in the box

<u>North</u> <input type="checkbox"/>	SITE MAP

H:\AWEHS\FORMS\APPLICATIONS\Temporary Events\TEMP EVENT PERMIT APP-COORDINATOR 10/23/2019