Alameda County Environmental Health Department--Sponsor Application Health Permit Application for Sponsors of Food Facilities at Temporary Events in Alameda County (For events in the City of Berkeley contact City of Berkeley Environmental Health)

| Date Rec'd// Rec'd By | Amt \$ | For Office Use Only | Approved By | Date | 1 1 |
|--|---------------------------------|----------------------|--|----------------------|-------------------|
| Date Need a Dy | | | | | |
| Name of Sponsor/Organizer (please p | rint): | | | | |
| Person in Charge | | | Title | | |
| | | | | | |
| Phone () | Fax ()_ | | | | |
| Business Address | | Mailing | Address | | |
| Street # Street Name | | | Street Name | , | |
| | | | | | |
| City | State Zip | | ity | State | Zip |
| Name of Event | | | | | |
| Location of Event & City | | | | | |
| B . () 61 B | | | | | |
| Check one: | Other | Start tim | | End time: | |
| 50% penalty. **All Fee Exempt perm Saturday event, applications received is rejected, 50% of the application fee is 6700 for fee amounts. | on Thursday or Fri | day will be subject | to late penalties.) If a | n event is cancelled | or an application |
| | TEMPORA | ARY EVENT SPON | SOR FEES | | |
| | Program Element | | | | |
| | Fee | \$132.00 | | | |
| | 50% Penalty* Total with Penalty | \$66.00 y \$198.0 | | | |
| | Program Element | | exempt | | |
| | \$50.00 Penalty** | | | | |
| Send Applications and Payment Alameda County Department of Attn: Special Events Coordinat 1131 Harbor Bay Parkway Alameda, CA 94502-6540 | Environmental He | ealth 1 | working days prio Phone (510) 567-674 FAX (510) 337-9134 Web www.acgov.or | 18 1 | |
| , | | | y Environmental H | | uthorized. |
| | • | | | | |
| I have read, understood and will abide l | | | _ | | |
| Application completed by | | | | | |
| Signature of Applicant | | | Date | | |

Contact Phone # the day of the Event (

Phone (

Alameda County Environmental Health Department--Sponsor Application Health Permit Application for Sponsors of Food Facilities at Temporary Events in Alameda County

Submit a Site Plot Plan (Health and Safety Code section 114381.1)

Submit two sets of plans, 10 working days prior to event date, showing the general layout of the event indicating the proposed location of the following:

- 1. Food Facility Plan, specifications & location of each food facility including food booths.
- 2. Indicate who will be providing handwashing setups for each temporary food booth (sponsor or booth operator).
- Show location of Potable Water Supply.
- 4. Show location of Toilet and Handwashing facilities and note the quantity at each location. Provide one toilet with inside soap, towels & hot water for every 15 food handlers (about 1 toilet per 4 booths). Provide additional toilets for the public.
- Show location of Trash Disposal Containers (number).
- 6. Note if there are any Common Food Storage Facilities (Dry or Refrigerated storage).
- 7. Note the location of Liquid Waste Disposal Facilities/Bladders.
- 8. Write in the distances from food booths to all other facilities on plot plan.

One set of plans will be stamped "Approved" and returned to you. The inspector will keep the second set.

| Water Supply |
|--|
| Location of potable water |
| Quantity of potable water (at least 20 gallons/booth per day) |
| Maximum distance to a temporary food booth from the water supply |
| Liquid Waste Disposal |
| Location of disposal |
| Type of container or disposal method |
| Capacity of container |
| Trash and Manure Disposal |
| Trash containers provided? YESNO |
| How often are trash containers emptied? |
| If animal manure is present, how often is it removed? Is there a central refuse collection site? (indicate it on the plan.) YES NO |
| Is there a secondary refuse collection site? (indicate it on the plan.) YESNO |
| Person(s) Responsible for trash/manure removal. |
| NameAddress |
| <u>Toilet Facilities</u> (include hand wash sinks supplied with hot and cold water and attached dispensers with single use soap & towels) A minimum of one toilet for every 15 food handlers is required. |
| Number of toilets: FIXED PORTABLE(with water, soap & towels inside) |
| Location and distance from food facilities. |
| Location feet (show on plan) |
| Do the toilet facilities have the handwashing inside? (i.e., running water, liquid soap and towels in dispensers?) YES NO |
| Give details |
| Lighting and Electrical If it is a night event, will you have lighting? YESNO |
| Give details |
| Is electrical service provided for mobile food facilities and/or equipment at food booths? YESNO |
| Handwashing Facilities for Each Booth |
| One handwashing station per food booth is required. We recommend that the sponsor provide handwashing facilities. |
| Who will provide the handwash facility in each booth? Event Sponsor OR Booth Operator |
| What type of handwash station will be provided? |
| Minimum: (1) 5 gallons of warm water, |
| (2) Liquid soap and single use towel, |
| (3) waste water container |
| Miscellaneous Remarks (i.e., dust control methods, first-aid facilities, lighting, equipment, etc). |
| |

Approvals

Please obtain all required local city/county permits and approvals, e.g. Business License, Fire Department, Street Use and Insurance Carrier.



Sponsor Contract

Regulations for Sponsors of Food Facilities operating at Community Events

As an event sponsor, I agree to comply with all of the following:

- 1. **Submit** a completed sponsor application form at least 14 days prior to the planned event date.
- 2. **Confirm** that every food vendor has a current health permit issued specifically for the event (original permits must be posted for public view at each facility/booth).
- 3. **Provide** solid and liquid waste receptacles, portable toilets (1 per 15 persons), and sufficient hand washing facilities furnished with liquid soap and disposable paper towels.
- 4. **Provide** site maps, detailing the locations of the food courts, toilets, hand washing facilities, solid and liquid waste disposal sites.
- 5. **Protect** the employees of the Alameda County Health Department from any abuse or harassments by individuals or representatives of other organizations, while the county employees are performing their assigned duties.
- 6. Pay for any or all unpermitted food facilities* found operating at the event without prior authorization from the Alameda County Health Department.
- 7. **I agree** that failure to comply with any or all of the above stated regulations may be a sufficient reason to deny me the issuance of a sponsor health permit now and in the future.
- 8. **I will renew my annual Sponsor Permit for this event** if the event occurs in the same location with the same schedule (weekly, bi-weekly, monthly, etc.) throughout the year.

| Name of the Event: | | | | |
|---|--|--|--|--|
| Location of the Event and City: | | | | |
| Date(s) of the Event: | | | | |
| Number of Food Facilities* Selling or Giving Away Food: | | | | |
| # of Food Booths # of Mobile Food Facilities (Trucks/Trailers/Carts) | | | | |
| ☐ Attach to this packet a list of all Food Facilities* that will be operating at the event. | | | | |
| Sponsor's Name:Cell Phone: | | | | |
| Sponsor's Signature: Today's Date: | | | | |

^{*}Fixed or mobile food facilities including booths, carts, trucks, and trailers.