



APPLICATION TO OPERATE A TEMPORARY FOOD FACILITY (TFF)

Complete BOTH sides of this form. RETURN TO THE EVENT COORDINATOR with applicable fees and documentation.
Applications, fees must be submitted to this department by the Event Coordinator at least 2 weeks before the event.

Incomplete or late applications may not be approved or the menu may be restricted.
 Once the application is approved, NO changes may be made without approval of this Department.
 Unauthorized changes may result in permit suspension.

For applications and TFF requirements, go to www.ehinfo.org > Consumer Protection Division > Programs & Services > Temporary Events.

BUSINESS INFORMATION	EVENT INFORMATION	
Business or Organization Name / DBA	Event Name	
Owner Name	Event Location	
Owner Address	Event Address	
City and Zip Code	City and Zip Code	
Owner Business or Home Phone	Food Service Date(s)	Food Service Time(s)
Owner Cell Phone	Food Service Date(s)	Food Service Time(s)
E-mail Address	Food Service Date(s)	Food Service Time(s)
Event Coordinator Name and Phone	Food Service Date(s)	Food Service Time(s)
TEMPORARY FOOD FACILITY (TFF) INFORMATION	PERMIT TYPES (must check one, as applies):	
Facility Type: <input type="checkbox"/> Food Booth <input type="checkbox"/> Beverage Booth(s) Total Number of Beverage Booths: _____ <input type="checkbox"/> Food Cart <input type="checkbox"/> Food Vehicle (Applies to vehicles not permitted by County of Santa Clara DEH) <input type="checkbox"/> Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Indoor Event	<input type="checkbox"/> RC1 – Low-risk foods <input type="checkbox"/> RC2 – Moderate-risk foods, prepared for same-day service (1-12 days) <input type="checkbox"/> RC2 – Moderate-risk foods, prepared for same-day service (13+ days) <input type="checkbox"/> RC3 – High-risk foods, prepared in advance, cooked, cooled, and/or reheated (1-12 days) <input type="checkbox"/> RC3 – High-risk foods, prepared in advance, cooked, cooled, and/or reheated (13+ days) <input type="checkbox"/> NO FOOD/BEVERAGE SALES – SAMPLING ONLY <input type="checkbox"/> Annual Temporary Event Permit Holder (Santa Clara County) Permit Number (PT#): _____ <input type="checkbox"/> Veteran (submit the Affidavit for a Veteran's Exemption form with required documentation, along with a copy of your DD214 without your social security information)	
	BOOTH CONSTRUCTION INFORMATION	
Food Preparation Start Time: (Before Food Service Time)	Overhead Covering: <input type="checkbox"/> Canvas <input type="checkbox"/> Wood <input type="checkbox"/> Other:	
Name of Temporary Food Facility: (Booth name to show on permit)	Floor: <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Tarp <input type="checkbox"/> Other: (Grass or Dirt surfaces must be covered with approved tarps or plywood)	
Person in Charge Day of Event:	Walls: <input type="checkbox"/> Screens <input type="checkbox"/> Canvas <input type="checkbox"/> Wood <input type="checkbox"/> Other: (Enclosed food booth required if unpackaged foods are handled)	
Person in Charge's Cell Phone:	Booth Supplier: <input type="checkbox"/> My own <input type="checkbox"/> Supplied by Event <input type="checkbox"/> Rent From:	

The undersigned hereby applies for a Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures necessary to ensure compliance. Additionally, the undersigned is aware that non-compliance may result in closure of the temporary food facility. Any inspection time more than twenty minutes may be assessed, in 15 minute increments, at the current hourly rate approved by the Board of Supervisors, until the necessary changes or corrections are made. Re-inspections may be subject to additional fees. Any unpaid fees will affect approvals to participate in future events.

I have read and understand the Requirements for Temporary Food Facilities in the County of Santa Clara and hereby agree to adhere to them.

Payment of the required fee to secure a valid permit is required before commencing or continuing operations. Failure to do so may result in a misdemeanor citation, permit suspension/revocation proceeding, and/or closure.

Applicant Signature _____ Print Name _____ Date _____

**** OFFICE USE ONLY ****			
OW#:	FA#:	PR#:	BO#:

Event Name:

Event Date(s):

Booth Name:

Menu Item(s) Include food, sampling, beverages, condiments and all extra ingredients served with each item.	Food Prepared		Item or food sample will be served:					Preparation Methods:					Storage and Delivery:		
	* Prepared in Advance	Prepared At Event	Pre-packaged	Hot	Cold	Room Temperature	Cook to Order	Thaw	Cut / assemble / portion	Cook / bake / grill	BBQ / Deep fry	Reheat	List equipment to be used (e.g., cold-holding and hot-holding devices, rapid reheating methods, cooking equipment, sneeze guard protection) AND any additional preparation methods. If any potentially hazardous foods will be held in room temperature, you must submit a written procedure for approval.	Indicate food storage location and method when event is not operating (if food will remain in booth, state so)	Length of time in transport
<i>Example: Hamburger</i>		X		X				X			X				
<i>Example: Lasagna</i>	X			X					X	X		X	<i>Ice chest, Oven, Steam Table</i>	<i>XYZ Restaurant -refrigerator</i>	<i>15 min.</i>

*** ADVANCE PREPARATION / COMMISSARY AGREEMENT (IF APPLICABLE) – Home prepared non-perishable foods may require an annual permit as per Cottage Food legislation.**

If you do not have a permitted facility, you must obtain permission to use a kitchen or commissary facility which has been approved in advance by the local dept. of environmental health or obtain prepared foods from an approved source. Pre-event food preparation inspections may be required. Have copies of food invoices/receipts at your booth, available for review upon request, as any unapproved foods found will be removed from public distribution.

Commercial Kitchen or Commissary Name	The Applicant submitting this application has permission to use the facility for the specified date(s) and time(s). If this permission is rescinded, I will immediately notify the County of Santa Clara, Department of Environmental Health (408-918-3400).	
Address and City		
Phone #	Date(s) and Time(s) of Pre-Event Use	Name of Permit Holder or Authorized Kitchen Representative
<input type="checkbox"/> Valid Health Permit in Santa Clara County. Enter facility #: FA <input type="checkbox"/> Facility is permitted outside Santa Clara County (ATTACH A COPY OF VALID HEALTH PERMIT).		Signature
		Date