

MONTEREY COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

1270 Natividad Road, Salinas 93906
(831) 755-4508

1200 Aguajito Road Ste 103, Monterey 93940
(831) 647-7654

620 Broadway Ste N, King City 93930
(831) 386-6899

**APPLICATION TO OPERATE A TEMPORARY FOOD FACILITY
CALIFORNIA HEALTH AND SAFETY CODE - CHAPTER 4 (CURFFL)**

Please complete the following form and attach all information requested. This Application Form and fee must be received by the Monterey County Health Department at least 10 working days prior to the event. Please enclose cash (at office), or a money order or check made out to the "Monterey County Health Department" that has your name, address and phone number professionally printed by a bank (**NO OTHER CHECK WILL BE ACCEPTED**). **ONLY CHECKS WILL BE ACCEPTED IN THE FIELD (NO CASH)**. **An incomplete application may prevent the issuance of your Health Permit to operate.**

A. GENERAL INFORMATION

1. NAME OF EVENT : _____ LOCATION OF EVENT : _____
2. Starting Date & Time : _____ Ending Date & Time : _____
3. Event Coordinator : _____ Phone # : _____
4. Name of Food Facility : _____ Permit # : _____
5. Owner of Food Facility : _____ Phone # : _____
6. Owner's Address : _____
7. On-Site Manager / Operator : _____ Phone # : _____

B. TYPE OF FOOD FACILITY (check where applicable)

1. [] Temporary food booth
2. [] Food Service Vehicle
3. [] Mobile Food Preparation Unit
4. [] Other - Please Explain : _____

C. LIST ALL FOODS AND BEVERAGES TO BE SERVED: Note, all foods and beverages must be prepared / prepackaged at an approved facility, or on site. **NO HOME PREPARED FOODS OR BEVERAGES ARE ALLOWED**

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

D. In signing this application, I understand that I am responsible for all aspects as stipulated by the California Uniform Retail Food Facilities Law pertaining to temporary food facilities and/or vehicles (see attachments). Failure to comply with CURFFL at any time will result in suspension/revocation/refusal to issue of health permit.

Signature of owner/applicant : _____ Date : _____

OFFICIAL USE; DO NOT WRITE BELOW THIS LINE.

TO BE COMPLETED BY HEALTH INSPECTOR:

Health Permit Fees:

- | | Yes | No | NA | |
|--|-----|-----|-----|---------------------|
| 1) Booth enclosure and construction is adequate | [] | [] | [] | Amt. \$: _____ |
| 2) All operations inside booth except for open air BBQ units | [] | [] | [] | # of Booths : _____ |
| 3) Hand/Utensil wash system is adequate | [] | [] | [] | Date Paid : _____ |
| 4) Refrigeration/cold storage is adequate | [] | [] | [] | Receipt # : _____ |
| 5) Hot food storage is adequate | [] | [] | [] | |
| 6) Food Temp (stem) thermometer is present | [] | [] | [] | |
| 7) Other _____ | | | | |

Date: _____ Initials: _____

READ AND UNDERSTAND THAT IF FEES ARE PAID TEN (10) WORKING DAYS BEFORE THE EVENT, A DISCOUNT WILL BE GIVEN.

Attachment for Temporary Food Facilities in conjunction with community events.

Community Event Organizer/Sponsor \$136.00

A. For application/s and fee/s submitted less than 10 working days prior
To the date of the event.

a. 1) 1 - 3 days \$142.00 each

2) 1 - 3 days (Non-Profit) \$112.00 each

b. 1) 4 - 7 days \$271.00 each

2) 4 - 7 days (Non-Profit) \$225.00 each

c. 1) 8 - 25 days \$378.00 each

2) 8 - 25 days (Non-Profit) \$336.00 each

B. Discount fees of 10% for application/s and fee/s submitted 10 working days prior
to the date of the event.

a. 1) 1 - 3 days \$127.00 each

2) 1 - 3 days (Non-Profit) \$101.00 each

b. 1) 4 - 7 days \$244.00 each

2) 4 - 7 days (Non-Profit) \$202.00 each

c. 1) 8 - 25 days \$340.00 each

d. 2) 8 - 25 days (Non-Profit) \$303.00 each

C. Annual Permit \$472.00 each year

D. Free Sample Booth \$ 56.00 each
(Nonperishable, commercially prepackage)

ALL NON-PROFIT ORGANIZATIONS MUST SUBMIT PROOF OF STATUS SUCH AS A NON-PROFIT I.D. NUMBER.