

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

For Office Use Only					
Date Rec'd ___/___/___	Rec'd By _____	Amt \$ _____	EV# _____	Approved By _____	Date ___/___/___

Name of Sponsor/Organizer (please print): _____		FA# _____
Person in Charge _____		Title _____
Phone: _____		Fax: _____ E-mail _____
Business Address		Mailing Address
Street # _____ Street Name _____		Street # _____ Street Name _____
City _____ State _____ Zip _____		City _____ State _____ Zip _____

Name of Event _____	
Location of Event & City _____	
Date(s) of the Event _____	Time of Day _____
Check one: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Other	

Number of Mobile Food Trucks _____ **Number of Temporary Food Booths** _____

Permit Fees July 1, 2017 – June 31, 2018	1-4 Contiguous Days (Same Event) Temporary Food Booths only			Recurring Non-Contiguous Up to 12 months (Same Event)
	1911	1913	1914	1915
Program Element	2-15 Food Facilities	16-50 Food Facilities	50+ Food Facilities	
Fee	\$218	\$349	\$433	\$408
*Total with Penalty	\$327	\$523.50	\$649.50	\$612
[†] Fee Exempt Forms	http://www.acgov.org/aceh/food/mobile_food_units.htm			http://www.acgov.org/aceh/food/mobile_food_units.htm

Office Use Only	Fee Exemption: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Fee Exemption Category: <input type="checkbox"/> Government <input type="checkbox"/> School <input type="checkbox"/> veteran <input type="checkbox"/> Charity <input type="checkbox"/> Other
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All Fee Exempt permit applications received less than 5 days prior to an event are subject to a \$54.00 penalty.

***Applications and payment received less than 5 working days prior to the event will be charged a 50% penalty.**

Note: If an event is cancelled or an application is rejected, 50% of the application fee may be refundable.

- **Send Applications and check payable to Alameda County Environmental Health at least 10 working days prior to the event date. Mail to Alameda County DEH, Attention: Special Events Coordinator, 1131 Harbor Bay Parkway, Alameda CA 94502-6540**
A 14 businesses day hold will occur before issuance of permit(s) if paying by check.
- **To pay by credit card:** email your application to DEHWEBBILLING@acgov.org or fax the request to (510)337-1139. Our Finance Unit will issue you an Invoice Number so that the permit fee can be paid online at <http://www.acgov.org/aceh/billing/index.htm> . Call 510-567-6858 if you need online payment assistance.

Application completed by _____ Title _____

Signature of Applicant _____ Date _____

Phone _____ Contact Phone # the day of the Event _____

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

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

1. Location of each food facility including food booths.
2. Show location of Potable Water Supply and Waste Water disposal area.
3. Show location of toilet and handwashing facilities and note the quantity at each location.
For every 15 food handlers (about 1 toilet per 4 booths).
Provide additional toilets for the public.
4. Trash, Manure and Grease disposal containers.
5. Common Food Storage Facilities (Dry or Refrigerated storage).
6. Write in the distances from food booths to all other facilities on plot plan.

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, Grease and Manure Disposal
Number of containers provided _____
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.) YES NO
Person(s) Responsible for trash/manure removal.
Name _____ Address _____

Toilet Facilities
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 _____ Maximum distance from food facilities _____ 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? YES NO
Give details _____
Is electrical service provided for mobile food facilities and/or equipment at food booths? YES NO

Handwashing Facilities for Each Booth
One handwashing station per food booth is required and will be provided by Event Sponsor OR Booth Operator
What type of hand wash station will be provided? Permanent Plumbed facilities
Minimum: (1) 5 gallons of warm water, Temporary facilities
(2) Liquid soap and single use towel, Other _____
(3) Waste water container

Other Remarks (i.e., dust control methods, 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.

California Health and Safety Code Section 114381.1 A Sponsor/Organizer Permit is required for each event. Permits must be obtained prior to the event. Permits must be posted at each Food Facility Booth.



Sponsor Contract

Regulations for Sponsors of Food Facilities operating at Community Events

1. **Submit** a completed sponsor application form at least 10 working 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 Sponsor Permit at least two weeks prior to the permit expiration date** if the event occurs in the same location with the same schedule (weekly, bi-weekly, monthly, etc.).
9. **Complete** the sample Retail or Charitable Food Facility List on page 4 or submit your own. Permit Applications submitted without an attached Food Facility List will be rejected.

Name of the Event: _____

Location of the Event and City: _____

Date(s) of the Event: _____

Sponsor's Name: _____

Sponsor's Signature: _____ Today's Date: _____

Permit Questions stephanie.lee@acgov.org
Dept. Supervisor valerie.strother@acgov.org

SPONSOR'S FOOD VENDOR LIST

EVENT NAME: _____ **EVENT DATE(S):** _____ **EVENT START TIME:** _____

Location address: _____

	NAME OF FOOD FACILITY/BUSINESS	BOOTH OWNER NAME	TYPE OF FOOD FACILITY (check one)			
			Booth	Truck	Trailer	Cart
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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19						
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21						
22						
23						
24						
25						
26						

Sponsor Name: _____ **Phone:** _____ **Cell:** _____