



MONTEREY COUNTY HEALTH DEPARTMENT

EVENT ORGANIZERS

COMMUNITY EVENT/TEMPORARY FOOD FACILITY INFORMATION

- Guidelines for Event Organizer.
- Event Sponsor Application with fees. (*Please submit to Environmental Health at least 30 business days prior to event date*).
- Vendor list can be updated and submitted up to 10 days prior to the event.

I have received and read the requirements for a special event to be held in Monterey county. I understand, as the special event organizer, I am responsible for all aspects of the event including but not limited to timely and proper submission of fees and all vendor applications with approved vendor list. Cancellation of event may result in a forfeit of fee refund. Any violations relating to the event will result in fees to be billed to the organizer.

Organizer signature

Date

The following information is available online at www.mtyhd.org:

- Current Event Sponsor and Temporary Food Permit fee schedule.
- General Information for Food and Beverage Personnel.
- Requirements for Temporary Food Facilities.
- Food Booth Construction Standards.
- Handwashing and Utensil Washing Requirement.
- Polystyrene Ordinance Fact Sheet and Vendor List.

FORMS TO BE RETURNED WITH APPLICATION

- Signature Page
- Event Sponsor Application with fees
- List of vendors
- Vendor Site map



MONTEREY COUNTY HEALTH DEPARTMENT

REQUIREMENTS FOR EVENT ORGANIZERS

The Health and Safety Code for the State of California states that the Organizer of a Community Event, which involves Temporary Food Facilities, must obtain an Event Organizer health permit.

Please submit the following at least 30 days prior to the event:

1. A completed Event Organizer Application with fees including the name and contact information for an event organizer representative who is available during the event.
2. **Provide a Site map of the event area(s)** showing all the following:
 - a). Location of and identification of all food facilities.
 - b). Location of all toilet and **handwashing** facilities available to the food facilities. They must be within 200 feet of all Temporary Food Facilities.
 - c). Location of all garbage and refuse containers to be used by the food facilities.
 - d). Location of the approved liquid waste disposal or storage facilities for:
 - 1) Wastewater.
 - 2) Grease and Oil.
 - 3) Or a statement that vehicles will transport waste water off site.
 - e.) Statements as to the source of the water to be used by the temporary food facilities and the location of water hook ups.
3. A list of all persons (including their address, email and telephone number) who will be selling or giving food away (samples) at the event. Final list due 10 days prior to date of event. Ensure all food vendors have a valid health permit or application prior to the event. If you have any questions regarding this information, please contact:

Monterey County Health Department
Environmental Health Bureau

1270 Natividad Road
Salinas, CA 93906
Telephone (831) 755-4508
Fax: (831) 796-8692

1200 Aguajito Rd, Rm 007
Monterey, CA 93940
Telephone (831) 647-7654
Fax: (831) 647-7925

200 Broadway, Ste 70
King City, CA 93930
Telephone: (831) 386-6899
Fax (831) 385-0573

MONTEREY COUNTY HEALTH DEPARTMENT

Event Organizer Permit Application and
List of Event Participants

Please complete the following form and attach all information requested to the Monterey County Health Department *at least 30 days prior to the event.*

I. GENERAL INFORMATION

1. Name of the event: _____

2. Location of event: _____

3. Name of Event Organizer: _____
4. Responsible Contact Person: _____
Address: _____
Phone #: _____
Email : _____
5. Starting Date: _____ Set up Time: _____
Ending Date: _____ Ending Time: _____
6. Number of Food Facilities: _____
7. Number of toilets (req: 1 per 40 event attendees): _____
8. Number of Handwashing Stations (req: 1 per 15 event attendees): _____

II. FACILITIES

- A. What is the source of potable water for the event? _____

 - B. How will the liquid waste generated by the food facilities be disposed of?
 - 1). Wastewater: _____

 - 2). Grease and Oil _____

- How will you dispose of garbage and trash from the event? _____

III. PROVIDE A LIST OF ALL PERSONS OR GROUPS ENGAGING IN FOOD SALES AND/OR FOOD SAMPLES AT THE EVENT. PLEASE IDENTIFY VENDORS WHO HAVE

MOBILE UNITS. ANY CHANGES TO VENDORS MUST BE REPORTED PRIOR TO EVENT.

1. Business Name: _____
Owner's Name: _____
Business Address: _____
Phone Number: _____
Email: _____

Office Use Only: FA _____ PR _____ Last Insp: _____ AR: _____ INV: _____ PD _____

2. Business Name: _____
Owner's Name: _____
Business Address: _____
Phone Number: _____
Email: _____

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3. Business Name: _____
Owner's Name: _____
Business Address: _____
Phone Number: _____
Email: _____

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4. Business Name: _____
Owner's Name: _____
Business Address: _____
Phone Number: _____
Email: _____

Office Use Only: FA _____ PR _____ Last Insp: _____ AR: _____ INV: _____ PD _____

5. Business Name: _____
Owner's Name: _____
Business Address: _____
Phone Number: _____
Email: _____

Office Use Only: FA _____ PR _____ Last Insp: _____ AR: _____ INV: _____ PD _____

6. Business Name: _____
Owner's Name: _____

Office Use Only: FA _____ PR _____ Last Insp: _____ AR: _____ INV: _____ PD _____

Business Address: _____

Phone Number: _____

Email: _____

7. Business Name: _____

Owner's Name: _____

Business Address: _____

Phone Number: _____

Email: _____

Office Use Only:

FA _____

PR _____

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INV: _____ PD ____

8. Business Name: _____

Owner's Name: _____

Business Address: _____

Phone Number: _____

Email: _____

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INV: _____ PD ____

9. Business Name: _____

Owner's Name: _____

Business Address: _____

Phone Number: _____

Email: _____

Office Use Only:

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INV: _____ PD ____

10. Business Name: _____

Owner's Name: _____

Business Address: _____

Phone Number: _____

Email: _____

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Last Insp: _____

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INV: _____ PD ____

11. Business Name: _____
Owner's Name: _____
Business Address: _____
Phone Number: _____
Email: _____

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12. Business Name: _____
Owner's Name: _____
Business Address: _____
Phone Number: _____
Email: _____

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INV: _____ PD ____

13. Business Name: _____
Owner's Name: _____
Business Address: _____
Phone Number: _____
Email: _____

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INV: _____ PD ____

14. Business Name: _____
Owner's Name: _____
Business Address: _____
Phone Number: _____
Email: _____

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INV: _____ PD ____

15. Business Name: _____
Owner's Name: _____
Business Address: _____
Phone Number: _____
Email: _____

Office Use Only:
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Last Insp: _____
AR: _____
INV: _____ PD ____