

Mariposa County Environmental Health



5100 Bullion Street Post Office Box 5 Mariposa, California 95338 (209) 966-2220 FAX (209) 966-8248

COMMUNITY EVENT FOOD ORGANIZER APPLICATION

Directions: This application must be completed and submitted to this office by the event organizer at least **two weeks prior to the event along with the applicable fee. Provide all information requested, incomplete applications may delay approval.**

event along with the applicable fee. Provide all information requested, incomplete applications may delay approval.								
1. NAME OF EVENT								
_								
EN	2. LOCATION OF EVENT				3. CITY			
/E								
Ш	4. DATES OF OPERATIO	N .		5. HOURS OF OPERATION				
	6. SPONSORING ORGAN	NIZATION						
œ	C. OF CHOCKING CICCANDATION							
ΊER	7. CONTACT PERSON							
8. MAILING ADDRESS 9. CITY 11. ZIP 12. EMAIL 13. PHONE #								
A	8. MAILING ADDRESS			9. CITY 10. STATE				
S								
OF.	11. ZIP	12. EMAIL		13. PHON	NE #	14. CELLPHONE #		
1				•				
	15. EXPECTED ATTENDA	ANCE		16. NUMBE	R OF FOOD VENDORS/BO	OTHS		
				ATTACH A COMPLETED				
						COMMUNITY EVENT FOOD		
오						VEVIDOR ADDIVIDATION		
3	17. MAJORITY OF EXPE					VENDOR APPLICATION FOR EACH BOOTH.		
	☐ <7 YEARS OLD ☐ (GENERAL POPULATION ☐ >50 YEARS OLD						
		TER FROM AN APPROVED SOURCE BE PROVIDE	D			PROVED SOURCE BE PROVIDED TO		
	TO THE FOOD VENDORS?			THE FOOD VENDORS?				
	☐ YES, (source:) ☐ NO			☐ YES, (se) 🗆 NO			
	18. WILL TOILET FACILITIES BE PROVIDED FOR FOOD WORKERS?							
☐ YES: #permanent / portable ☐ NO								
S	CHAPTER 11: Section 114359. Toilet facilities (a) At least one toilet facility for each 15 EMPLOYEEs shall be provided within 200 feet of each TEMPORARY FOOD FACILITY. 19. WILL ELECTRICITY BE PROVIDED FOR EACH FOOD VENDOR? VES: # NO 20. ARE JANITORIAL FACILITIES AVAILABLE?							
H								
$\overline{5}$								
ΑΞ								
☐ YES: #								
METHOD OF DISPOSAL OF LIQUID WASTE FOR FOODBOOTHS: 21. WILL GARBAGE DISPOSAL DUMPSTERS/CANS BE AVAILABLE? YES: # NO NAME OF GARBAGE DISPOSAL COMPANY (if applicable):								
	NAME OF GARBAGE DIS	SPOSAL COMPANY (ifapplicable):						
Ι,	I,, have read the Community Event guidelines and understand what is							
expected of me to operate my community event. I have provided all required attachments (specified on page 2).								
Organizer's Signature: Date:								
FOR OFFICE USE ONLY:								
□ PAID: \$ TE#:								
□ EXEMPT:								
APPROVED:Date:								
AFFINOVEDDate								

*All of the following must be completed and attached to your application for approval:
(CHECK OFF BOXES AS YOU COMPLETE THEM)
☐ Community Event Food Vendor Applications
☐ Community Event Food Vendor List (application PAGE 2)
☐ Community Event Site Plan (application PAGE 3)
☐ Copy of flyer and/or public newspaper advertisement for the event
☐ Copy of the form/letter which shows approval from City /County Parks & Recreation Department <u>OR</u> a letter from property owner granting authorization for the event to occur on their property (if applicable)

		(Booth #	Count of Facilities/Booths (Refer to each food vendor application) Mark all applicable for each vendor.					
	Boot h #	BOOTH / ORGANIZATION NAME	OPERATOR NAME	CONTACT #(s)	MAIN FOOD ITEM (1)	ANNUAL TEMPORARY / MOBILE FACILITY	PROFIT/ NON- PROFIT	DD214/ COUNTY/ CITY OR DISTRICT
TS								
COMMUNITY EVENT FOOD VENDOR LIST								
NDO								
D VE								
-00								
L								
' EVE								
L								
ММ								
CO								

COMMUNITY EVENT SITE PLAN

Provide a diagram of the layout o ☐ FOOD VENDORS (please # then ☐ ROADS (provide names) ☐ RESTROOMS	of the event indicating the following: m)
☐ WATER SOURCE(S)	
EVENT NAME:	EVENT DATES:
	e, but linear measurements must be provided for restroom distances from food vendors.
FV # Food Vendor as listed	Use symbols below Garbage Area Water Source(s)
Restroom Facilities	Janitorial Facilities (to dump wastewater)