County of Santa Clara Department of Environmental Health
1555 Berger Drive, Suite 300, San Jose, CA 95112-2716
Phone 408-918-3400 • Fax 408-258-5891 • www.EHinfo.org

Application for a Temporary Food Facility (TFF) Permit at a Temporary Event

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 > Programs & Services > Consumer Protection Division > Temporary Events.

BUSINESS INFORMATION	EVENT INFORMATION	
Business or Organization Name / DBA	Event Name A La Carte & Art Festival	
Owner Name or Care Of Name	Event Location Downtown Mtn. View	
Owner Address	Event Address Castro Street	
City and Zip Code	City and Zip Code Mtn. View 94041	
Owner Business or Home Phone	Food Service Date(s) May 6 & 7, 2017	Food Service Time(s) 10:00am to 6:00pm
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: ☒ Food Booth If your food booth will be larger than 10'x10', indicate size: _____ ☐ Beverage Booth(s) Total Number of Beverage Booths: _____ ☐ Food Cart ☐ Food Vehicle (Applies to vehicles not permitted by County of Santa Clara DEH) ☐ Truck ☐ Trailer ☐ Indoor Event ☐ Multiple food service stations: submit a simple site plan depicting where food and beverages (including beer/wine) will be distributed.	☐ TE06 - RC1 Low-risk food ☐ TE07 - RC2 Moderate-risk food, prepared for same-day service (1-12 days) ☐ TE08 - RC2 Moderate-risk food, prepared for same-day service (13+ days) ☐ TE09 - RC3 High-risk food, prepared in advance, cooked, cooled, and/or reheated (1-12 days) ☐ TE10 - RC3 High-risk food, prepared in advance, cooked, cooled, and/or reheated (13+ days) ☐ TE14 - NO FOOD/BEVERAGE SALES – SAMPLING ONLY ☐ TE01 - Annual Temporary Event Permit Holder (Santa Clara County) Permit Number (PT#): ☐ Veteran (submit the Affidavit for a Veteran's Exemption form with required documentation, along with a copy of your honorable discharge form without your social security information)
Food Preparation Start Time: (Before Food Service Time)	**BOOTH CONSTRUCTION INFORMATION**
Name of Temporary Food Facility: (Booth name to show on permit)	Overhead Covering: ☒ Canvas ☐ Wood ☐ Other:
Person in Charge Day of Event:	Floor: ☒ Asphalt ☐ Concrete ☐ Wood ☐ Tarp ☐ Other: (Grass or Dirt surfaces must be covered with approved tarps or plywood)
Person in Charge's Cell Phone:	Walls: ☒ Screens ☒ Canvas ☐ Wood ☐ Other: (Enclosed food booth required if unpackaged foods are handled)

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.

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

The undersigned certifies, under penalty of perjury, that to the best of his/her knowledge and belief, the statements made herein are complete, correct and true. NOTE: Any information contained in this application is a matter of public record and is available to the public under the California Public Records Act.

Applicant Signature _____ Print Name _____ Date _____

***** OFFICE USE ONLY *****			
OW#:	FA#:	PR#:	BO#:
☐PFR (Processed Food Registration)	☐CFO	☐Certified Producers Certificate	☐ Other

ATTACH ADDITIONAL SHEETS IF NECESSARY.

County of Santa Clara Department of Environmental Health
1555 Berger Drive, Suite 300, San Jose, CA 95112-2716
Phone 408-918-3400 • Fax 408-258-5891 • www.EHinfo.org

FOOD INFORMATION: A complete listing of ALL food/beverage products served, sold, sampled, or given away from your facility must be detailed below.

Business Name: _____ Temporary Event Name: A La Carte & Art Festival

Menu Item(s)			Item will be served AT the Event:						Preparation Methods AT the Event:					
Include all food, beverages, condiments and all extra ingredients served with each item.	* (1) Prepared in Advance	Prepared ONLY at event	* (2) Pre-packaged	Hot	Cold	Room Temperature	Cook to Order	* (3) Serve samples	Thaw	Cut / assemble / portion	Cook / bake / grill	BBQ / Deep fry	Reheat	List food equipment to be used at the event (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 at room temperature, you must submit a written procedure for approval.
Example: Hamburger		X		X					X			X		*BBQ to cook, chafing dish to hot-hold*
Example: Cookies	X					X								*Food storage containers*

* (1) ADVANCE PREPARATION activities at approved kitchen ☐No advance preparation

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 this facility for the specified date(s) and time(s). If this permission is rescinded, I will immediately notify County of Santa Clara, Department of Environmental Health (408-918-3400).
Address and City		
Phone #	Date(s)/Time(s) of Pre-Event use	Print name of Permit Holder or Authorized Kitchen Representative
☐Valid Health Permit in Santa Clara County (SCC). Enter facility #: FA ☐Facility is permitted outside SCC (ATTACH A COPY OF VALID HEALTH PERMIT).		Signature Date

(a) Describe food items and how they will be prepared.

(b) Describe cooling procedure for potentially hazardous foods (PHF). (Include how temperatures will be monitored and verified.) ☐No PHFs

* (2) Will you PRE-PACKAGE food/beverages before the event? ☐No ☐Yes - submit a copy of your valid Processed Food Registration.

If you pre-package any foods or beverages, a Processed Food Registration is required. Visit the state's website for more info: www.cdph.ca.gov.

* (3) SAMPLING Procedures: Samples prepared in advance? ☐Yes ☐No Samples pre-portioned and pre-packaged in advance? ☐Yes ☐No

Include how and where samples will be prepared and how they will be served.