

**COORDINATOR INFORMATION** 

## El Dorado County

Environmental Management Department - Environmental Health Division

Placerville Office: 2850 Fairlane Court Building C Placerville, CA 95667 | Phone #: 530-621-5300 South Lake Tahoe Office: 924 B Emerald Bay Road, South Lake Tahoe, CA 96150 | Phone #: 530-573-3450 Website: Environmental Management - El Dorado County (ca.gov) | Email: emd.info@edcgov.us

#### TEMPORARY EVENT - COORDINATOR APPLICATION

All Vendor Applications must be submitted with a Coordinator Application as one complete packet with full payment at least 14 days before the start of the event. Incomplete or late applications or modifications will incur late fees or be denied.

| ORGANIZATION NAME:   |                                     |                            |  |
|--|-------------------------------------|----------------------------|--|
| ADDRESS:   |                                     | CITY/STATE/                | ZIP:   |
| COORDINATOR NAME:  |                                     | PHONE NUM                  | BER:   |
| EMAIL ADDRESS:   |                                     | PHONE NUM                  | BER (day of event):                          |
| Please Check One: Community Event                                | Certified Farmer's Ma               | rket with Food Booths      | Certified Farmers Market without Food Booths |
| FEE EXEMPTION (if applicable):  Documentation must be submitted. | ed with application. A fee e        | exemption is not exempt fr | om penalties due to late submissions, etc.   |
| VETERAN (DD Form 214)  | CHARITABLE ORGAN                    | IZATION [501(C)(3)]        | BLIND (CA DOR)                               |
| To see the most current fee schedu                               | ıle please visit <u>EMD Fees (e</u> | dcgov.us)                  |  |
| EVENT INFORMATION  |                                     |                            |  |
| NAME OF EVENT:   |                                     | DATE(S) OF                 | EVENT:                                       |
| EVENT ADDRESS:   |                                     | CITY:                      |  |
| EVENT WEBSITE:   |                                     |                            |  |
| HOURS OF OPERATION:  |                                     |                            | ET UP TIME:                                  |
| EVENT HELD AT: OPEN FIE  |                                     |                            |  |
| WILL THERE BE A PLANNING   | MEETING FOR FOOD V                  | ENDORS? YES                | NO   |
| If YES, enter the date, time, and                                | d location:                         |                            |  |
|  |                                     |                            |  |
| SITE MA  | AP                                  | NUMBER (                   | OF VENDORS PER TYPE                          |

SUBMIT SITE MAP WITH LEGEND SHOWING THE LAYOUT OF THE EVENT INDICATING THE LOCATION OF THE FOLLOWING:

- 1. Food vendor booths, kitchens, trucks, and carts
- 2. Potable water supply
- 3. Toilets with hand washing facilities
- 4. Garbage and grease receptacles for food vendors
- 5. Any shared hand washing and ware washing facilities.
- 6. Location of animals, rides, and attractions (if applicable)

| NUMBER OF VENDORS PER TYPE   |  |
|--|--|
| PRE-PACKAGED/LIMITED FOOD/BEVERAGE PREPARATION   |  |
| OPEN FOOD/BEVERAGE PREPARATION (with sampling)   |  |
| EL DORADO COUNTY PERMITTED Mobile Food Facilities (MFF) (trucks or carts <b>not</b> submitting applications) |  |
| NONPROFIT VENDORS  |  |
| TOTAL:   |  |

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| DAY OF EVENT DETAILS  |   |
|---|---|
| WILL ELECTRICAL SERVICE BE PROVIDED FOR FOOD VENDO  | ORS? YES If YES, what is the source? Public Utility   |
| POTABLE WATER SOURCE:   | Public water supply Public well   |
| ANIMAL RIDES PROVIDED Petting zoos and rides with live animals are located at least 20 feet from food/beverage booths.  | Total feet away from food booths:   |
| Handwash station with warm water soap and paper towels must be available for use adjacent to petting zoo and or rides with live animals.                          | Total number of handwash sinks:   |
| RESTROOM FACILITIES   | Total number of toilets:  |
| One toilet and one handwash sink are required per 15 food workers. Toilet must be located within 200 feet of all food booths. Handwash facilities mus             | rotal number of nanawash sinks.   |
| be located adjacent to toilets and supplied with warm water, liquid hand soap, and paper towels at all times.   | Maximum distance from food booths: ft.  |
| WASTEWATER DISPOSAL:  | Plumbed to sewer Approved holding tank  |
| NAME OF SEPTIC HAULER:  |   |
| GARBAGE AND GREASE REMOVAL/DISPOSAL:  | Landing   |
| O, INDIVIDUAL NEI NEI NEI NEI OONE.   | Location:   |
|   | Company:  |
| EVENT COORDINATOR CHECKLIST   |   |
| Complete at least 14 calendar days before the start of the even   | ot.   |
| 1. Complete the Coordinator Application.  |   |
|   | ·   |
| 4. Attach a complete list of food vendors.  Include all booths, kitchens, and mobile food facilities (tr Dorado County, and out-of-county mobile food facilities) | ucks/carts). Mobile food facilities must have a valid permit with El<br>must apply as a Temporary Event Vendor.   |
| 5. Attach supporting documentation for coordinator and food ve<br>Fee exemption is subject to approval by the Environmental N                                     |   |
| EVENT COORDINATOR ACKNOWLEDGMENT  |   |
| required information will delay or prevent approval of the event/ver  | in order for the application to be reviewed and approved. Failure to provide idor(s). Failure to meet the conditions approved in this application may result in approval to operate the affected food booths, and/or may result in the filing of 95). |
| I am responsible for obtaining approval from all applicable agencies Beverage Control.  | s, including the local fire department, planning department, and Alcoholic  |
| I declare under penalty of perjury that to the best of my knowledge. I consent to all necessary inspections made pursuant to law and inc                          | the statements made herein are correct and true. cidental to the issuance of this permit and the operation of business.   |
| I understand that I will be charged up to two times the permit f are non-refundable and permits are non-transferable.   | ee if found operating without a valid health permit. Fees   |
| SIGNATURE: PRINT I  | NAME: DATE:   |



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### **TEMPORARY EVENT PERMIT CALCULATION SHEET**

Please see our website www.edcgov.us/Government/emd/environmentalhealth for the most up-to-date forms and fees.

| EVEN       | Γ INFORMATION   |            |        |  |  |
|------------|---|------------|--------|--|--|
| Event Nar  | ne:   | ent Date:  |        |  |  |
|            | Event Name: Event Date: Coordinator Phone #:                                  |            |        |  |  |
| FFF C      | ALCULATION  |            |        |  |  |
|            | ALS SEATHSIN  |            |        |  |  |
| Quantity   | Description   | Fee (Each) | Total  |  |  |
|            | 1512 – Event Coordinator – Temporary Event                                    | 171.00     | \$     |  |  |
|            | 1518 – Event Coordinator – Temporary Event within 14 days of the event        | 223.00     | \$     |  |  |
|            | 1514 - Fee Exempt Temp Event Coordinator                                      | \$0.00     | \$0.00 |  |  |
|            | 1513 – Temporary Foods – Prepackaged/ Limited Food Preparation (Single Event) | \$86.00    | \$     |  |  |
|            | 1519 – Temporary Foods – Prepackaged/Limited Food Preparation (Annual Permit) | \$171.00   | \$     |  |  |
|            | 1520 – Temporary Foods – Open Food Preparation (Single Event)                 | \$171.00   | \$     |  |  |
|            | 1521 – Temporary Foods – Open Food Preparation (Annual Permit)                | \$343      |        |  |  |
|            | El Dorado County Permitted Mobile Food Facility                               | \$0.00     | \$0.00 |  |  |
|            | Fee Exempt Temp Event Vendor  | \$0.00     | \$0.00 |  |  |
|            |   | Total:     | \$     |  |  |
|            |   | l          | 1      |  |  |
| FOR II     | NTERNAL USE ONLY  |            |        |  |  |
| Invoice #· |   |            |        |  |  |
| FA/SR #:   |   |            |        |  |  |
| Date:      |   |            |        |  |  |
|            | aid:  |            |        |  |  |
|            | s:  |            |        |  |  |

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### **VENDOR LIST**

Please submit all vendor applications or TFF Annua Health Permits with Coordinator application. All Annual Health permits must be current and valid in order to operate the day of the event. Expired annual permits must renew 14 days prior to the event or coordinator will incur and late fee.

| Name and Address | Both Operator's<br>Cell Phone Number | Permit Number |
|------------------|--------------------------------------|---------------|
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