



# County of Fresno

DEPARTMENT OF PUBLIC HEALTH  
DAVID POMAVILLE, DIRECTOR

## COMMUNITY EVENT FOOD VENDOR APPLICATION

**Directions:** Each food booth operator/vendor must **complete and sign** this Community Event Food Vendor Application and return it to the **event organizer**. The event organizer must submit all applications to this office at least **2 weeks prior to the event**. The event may be inspected based on a Risk Assessment. If the event is inspected, the event organizer will be charged the current fee per booth. For current fee amount, please contact us at 559-600-3357 or visit our website at <http://tinyurl.com/yf965e4>.

<b>BOOTH / SPACE #</b>

**Beginning in 2012, reinspection fees will be charged for multiple reinspections due to uncorrected violations.**

<b>EVENT</b>	1. NAME OF EVENT CLOVIS NIGHT OUT		2. LOCATION OF EVENT DAVID MCDONALD PARK, CLOVIS	
	3. CITY CLOVIS	4. DATES OF OPERATION 10/01/22		5. HOURS OF OPERATION 1600-2100 (4 PM -9 PM)

<b>VENDOR</b>	6. VENDOR ORGANIZATION OR NAME OF FOOD BOOTH			7a. NUMBER OF FOOD BOOTHS	
	7b. ARE YOU OPERATING FROM ANY OF YOUR VEHICLE(S) THAT HAVE A CURRENT VEHICLE APPROVAL STICKER? <input type="checkbox"/> YES (GO TO #7C) <input type="checkbox"/> NO (GO TO #8)			7c. IF YOU MARKED YES TO 7B, THEN LIST VEHICLE LICENSE PLATE NUMBER(S) AND BUSINESS NAME	
	8a. CERTIFIED FOOD MANAGER NAME		8b. CFM CLASS PROVIDER <input type="checkbox"/> ServSafe <input type="checkbox"/> Prometric <input type="checkbox"/> NRFSP <input type="checkbox"/> CalCard Provider _____ <input type="checkbox"/> Fresno Co. Card		8c. DATE ISSUED
	8d. CONTACT PERSON		9. MAILING ADDRESS		10. CITY
11. STATE	12. ZIP	13. PHONE		14. FAX	

<b>MENU</b>	15. MENU - LIST ALL FOOD AND BEVERAGE ITEMS TO BE SERVED (MAIN DISHES, SIDE DISHES, CONDIMENTS, DRINKS, ETC.)
16. SOURCES - IDENTIFY THE SOURCES OF EACH FOOD ITEM INCLUDING ICE (NAME OF MARKET, RESTAURANT, SUPPLIER, ETC.)	
17. TRANSPORTATION - DESCRIBE HOW FROZEN, COLD, AND/OR HOT FOODS WILL BE TRANSPORTED TO THE EVENT	

<b>UTENSIL SINKS</b>	18 a. <input type="radio"/> CHECK THIS BOX IF YOU DO NOT USE ANY UTENSILS BESIDES A GLOVED HAND(S).	<b>UTENSILS INCLUDE SPATULAS, TONGS, SPOONS OR SCOOPS, PANS, TRAYS, PITCHERS, PROBE THERMOMETERS, OR OTHER EQUIPMENT OR IMPLEMENT THAT CONTACTS FOOD .</b>
	b. <input type="radio"/> CHECK THIS BOX IF YOU ARE ONLY SAMPLING WHERE NO COOKING IS DONE ON-SITE.	
	c. <input type="radio"/> CHECK THIS BOX IF YOU ARE SERVING ONLY PREPACKAGED FOOD OR DRINK AND YOU ARE NOT OPENING THE PACKAGING, CANS, BOTTLES, ETC.	
	<b>IF YOU CHECKED ANY BOXES ABOVE (18 a, b, OR c), YOU DO NOT NEED TO HAVE ACCESS TO A THREE COMPARTMENT SINK. IF YOU DID NOT CHECK ANY BOXES ABOVE (18 a, b, OR c), YOU MUST HAVE ACCESS TO A THREE-COMPARTMENT SINK.</b>	
20. ARE YOU PROVIDING YOUR OWN THREE COMPARTMENT SINK?	<input type="radio"/> YES <input type="radio"/> NO	
21. IF YOU ARE REQUIRED TO HAVE ACCESS TO A THREE COMPARTMENT SINK, BUT YOU ARE NOT PROVIDING THE SINK, WHAT THREE COMPARTMENT SINK WILL YOU USE?		

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UTENSIL SINKS (cont'd)

22. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, ARE YOU ALLOWING OTHER FOOD VENDORS TO USE YOUR THREE COMPARTMENT SINK?  YES  NO

23. LIST THE OTHER FOOD VENDOR(S) YOU WILL ALLOW TO USE YOUR THREE COMPARTMENT SINK. (A MAXIMUM OF THREE ADDITIONAL VENDORS ARE ALLOWED)

1	2	
3		

24. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, SPECIFY HOW THE POTABLE WATER WILL BE PROVIDED.

TANK, GALLONS: \_\_\_\_\_  MUNICIPAL WATER CONNECTION  OTHER: \_\_\_\_\_

25. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, SPECIFY HOW WASTE WATER WILL BE DISPOSED.

WASTE TANK THAT WILL BE EMPTIED IN THE SEWER, CAPACITY IN GALLONS:  
\_\_\_\_\_

MUNICIPAL SEWER  SEPTIC SYSTEM

OTHER: \_\_\_\_\_

**BE SURE TO SPECIFY ON THE MAP ANY POTABLE WATER FILLING STATIONS AND WASTE WATER DISPOSAL LOCATIONS.**

OFFSITE

26. WILL ANY FOODS BE PREPARED AT ANY LOCATION OTHER THAN IN YOUR FOOD BOOTH AT THE EVENT?

**YES** Food preparation must be done in a commercial kitchen approved by this department. The Commissary Authorization section below must be completed and signed by the owner/operator of the approved commercial kitchen where food preparation will take place.

**NO** All food preparation will be done in the food booth at the event.

COMMERCIAL KITCHEN AUTHORIZATION

**TO BE COMPLETED BY THE OWNER/OPERATOR OF THE APPROVED COMMERCIAL KITCHEN IN WHICH FOOD PREPARATION WILL TAKE PLACE.**

27. THE FOOD VENDOR LISTED ON THIS FORM HAS PERMISSION TO USE THE APPROVED COMMERCIAL KITCHEN NAMED BELOW FOR PREPARING AND STORING FOOD ON THE FOLLOWING DATES:

28. BUSINESS NAME OF COMMERCIAL KITCHEN		29. ADDRESS OF COMMERCIAL KITCHEN	
30. CITY	31. STATE	32. ZIP	33. PHONE
34. FAX		35. OWNER/OPERATOR OF COMMERCIAL KITCHEN	
36a. SIGNED	36b. PRINT NAME	37. DATE	

*Food Facility Owner, Operator or Authorized Representative*

IF THE COMMERCIAL KITCHEN IN WHICH FOOD PREPARATION WILL TAKE PLACE IS LOCATED OUTSIDE OF FRESNO COUNTY, THE LOCAL ENFORCEMENT AGENCY MUST SIGN BELOW, AUTHORIZING USE OF THE COMMERCIAL KITCHEN, AND VERIFYING A CURRENT PERMIT TO OPERATE.

38a. SIGNED	38b. PRINT NAME	39. DATE
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*Environmental Health Specialist*

40. COUNTY OF: \_\_\_\_\_

I, the undersigned, agree to comply with the Community Event Food Vendor Requirements of the County of Fresno Department of Public Health. **I understand that failure to comply with the requirements will result in reinspection fees being charged for multiple reinspections due to uncorrected violations and/or suspension of approval to operate by the Department of Public Health.**

41. SIGNED	42. DATE
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*Food Booth Owner/Operator*