

INFORMATION – RETAIL FOOD BOOTH

Location of Event: Golden Valley High School
2121 E Childs Ave
Merced, California 95341

1. Approval of your food booth request is subject to a first-come, first-serve basis. Items intended for sale **MUST** be listed on reverse side of application.
2. You **MUST** have and be in possession of a current Seller License (Resale Certificate). Copy of this California State Board of Equalization document must be enclosed with this application. Failure to enclose a copy of your current Sellers License issued by the Board of Equalization for the State of California will result in delaying your application and could lead to you not procuring a booth. A temporary license may be obtained at your local California State Board of Equalization office.
3. All booths are responsible for their own maintenance and clean-up. There is a one hundred-dollar (\$100.00) deposit to be paid by separate check and mailed with this application and booth fee. Check will be deposited and a check will be issued after clean-up and/or inspection has been performed as well as verified and the kitchen inventory is complete for food booths utilizing kitchen.
4. A map of your location will be displayed from Friday, March 21st from 4:00pm.
5. Booths should be set and open on Friday from 5pm -9pm. Doors for the public will be open at 5pm. Booth operation hours for Saturday and Sunday are 9am - 9pm daily.
6. Application, booth fee, deposit check and copy of Sellers License must be postmarked by March 01, 2024.
7. Food booths must fill out Health Dept application as soon as possible. Application must be returned to for approval. Contact Merced Environmental Health no later than February 9th, 2024. (209) 381-1100.
8. Food booths may serve complimentary meals to Fete Staff and Judges only if they are presented a meal pass. All meal passes will be paid Sunday after the Fete.
9. **Soda in cans and water will be sold exclusively by Te Mau Ta'ata Anuanua.** However, a fountain drink or juice of not larger than 12 oz. May be served by food booths to complete a meal only.
10. A self-contained food booth is for operation outside. They must supply all their own needs i.e. booth, tables, grill etc. Access to sink in kitchen will be allowed. Any used cooking oil may not be disposed of on school property.
11. Kiki Raina or its agents will not be held responsible for theft or accidental injury incurred at this event or assigned booth due to normal operations.

NON-PROFIT #:(If applicable) _____

CITY: _____ STATE: _____ ZIP CODE: _____

[illegible]

Signature: _____ Date: _____

Kiki Raina Tahiti Fete 2024

APPLICATION – RETAIL/FOOD BOOTH

	FRIDAY	SATURDAY	SUNDAY	3-DAYS
Food Booth Self-Contained or food truck, 4 Event Entry Tickets, Kitchen Custodian & Night Security	\$250 ____	\$300 ____	\$300 ____	\$850 ____

Add 3% for credit card or via
PayPal

Amount Enclosed _____
Booth Deposit Check (Separate) \$100 per Booth _____

Total Amount Enclosed _____

Personal checks accepted until Feb 15th only.

Cashier's check and money orders accepted through Mar 1st

To:
SPDC
c/o KIKI RAINA
453 N. Gurr Road
Merced, CA 95341

Tel. (209) 383-1435

Postmark by February 15, 2025

For Office use only:

Amount Received: _____

Date Received: _____

Form of payment: _____



**COMMUNITY AND ECONOMIC
DEVELOPMENT DEPARTMENT
Division of Environmental Health**

2222 "M" Street
Merced, CA 95340
(209) 381-1100
(209) 384-1593 (FAX)
<http://www.countyofmerced.com/eh>
Equal Opportunity Employer

COMMUNITY FOOD EVENT VENDOR APPLICATION

Directions: Each food booth operator/vendor must fully complete and sign this Community Food Event Vendor Application and return it to the Event Organizer. The Event Organizer must submit all applications to Merced County's Division of Environmental Health (MCDEH) **at least 2 weeks prior** to the Community Event start date. Provide all information requested. **PRINT CLEARLY**

BOOTH / SPACE#
ORGANIZER TO FILL OUT

EVENT	1. NAME OF EVENT		2. LOCATION NAME AND ADDRESS OF EVENT	
	3. CITY	4. DATES OF OPERATION	5. HOURS OF OPERATION	

VENDOR	VENDOR ORGANIZATION OR NAME OF FOOD BOOTH			
	PRIMARY CONTACT PERSON/ PHONE NUMBER		HAVE YOU PREVIOUSLY BEEN ISSUED A PERMIT FROM MERCED COUNTY ENVIRONMENTAL HEALTH? YES NO	
	MAILING ADDRESS	CITY	STATE	ZIPCODE
	EMAIL ADDRESS		SECONDARY CONTACT PERSON/ PHONE NUMBER	

* = You MUST include these items in your sketch, if indicated as part of your proposed setup.

BOOTH INFORMATION	PLEASE MARK ALL THAT APPLY FOR YOUR BUSINESS STATUS:	
	FOR PROFIT	EXEMPT MILITARY VETERAN (PROVIDE COPY) OTHER (Please Specify) _____
	NON-PROFIT WITH A VALID EIN # (EMPLOYER IDENTIFICATION NUMBER): _____	
	HANDWASHING (MARK ONE): *	
	ALL ITEMS WILL STILL BE SEALED/IN ORIGINAL PACKAGING WHEN SOLD OR GIVEN AWAY (NO HANDWASHING REQUIRED) I HAVE A PLUMBED HANDWASH SINK (WITH SOAP/ PAPER TOWELS/ 100-108°F WARM WATER) AS A PART OF MY TFF SETUP I HAVE AN ALTERNATE NON-PLUMBED HANDWASH SETUP (WITH SOAP/ PAPER TOWELS/ 100-108°F WARM WATER/CATCH BASIN) PER CALCODE SECTION 114358 AS A PART OF MY TFF SETUP & WILL ONLY OPERATE AT COMMUNITY EVENTS OF 3 DAYS OR LESS IN LENGTH Community events exceeding 4 hours require TFF operators with utensils/food contact surfaces to have a 3 compartment sink available and accesible in which they can wash/rinse/sanitize these items.	
	WAREWASHING (MARK ONE): *	
	MY FULL MENU DOES <u>NOT</u> INCLUDE ANY OPEN FOOD OR BEVERAGE HANDLING OR PORTIONING (UTENSIL WASHING FACILITIES <u>NOT</u> REQUIRED)	
	I HAVE EXTRA SETS OF CLEANED & SANITIZED UTENSILS KEPT IN A CLEAN CONTAINER TO USE AT EVENTS OF 4 HOURS OR LESS ONLY (COMPLETE THE FOOD / KITCHEN INFORMATION PORTION AT THE BOTTOM OF PAGE TWO FOR THE KITCHEN WHERE UTENSILS WILL BE WASHED/RINSED/SANITIZED)	
	I HAVE A PLUMBED 3 COMPARTMENT SINK WITH HOT WATER (120°F), SOAP, SANITIZER & TEST STRIPS AS A PART OF MY PROPOSED TFF SETUP	
	OTHER (SPECIFY) _____	
	PLEASE SPECIFY WHICH OF THE FOLLOWING YOU WILL BE USING FOR EVENTS (An enclosed booth is required where <u>open</u> food is present): Mark all that apply	
	ENCLOSED TRAILER (License # _____)*	CART (MFF ONLY)*
	BUILDING / HALL / OTHER (Please specify)* _____	ENCLOSED VEHICLE (License # _____)*
	FULLY ENCLOSED BOOTH, INCLUDING: *	
	BLEACH/SANITIZER & MATCHING TEST STRIPS CLEANABLE FLOOR <input type="checkbox"/> CANOPY <input type="checkbox"/> SCREENS <input type="checkbox"/> WOOD <input type="checkbox"/> PLASTIC TARPS <input type="checkbox"/> METAL PROBE THERMOMETER OTHER (Please specify) _____	

EQUIPMENT / TOOL / MATERIAL CHECKLIST (Mark all that apply):

- ☐ Container for sanitizer water
- ☐ Commercially bottled water used in foods and/or beverages
- ☐ Liquid waste storage containers *
- ☐ Refrigeration/ cold holding equipment *
- ☐ Hot holding equipment *
- ☐ Separate ice and storage containers for ice used for drinks and ice used for keeping foods cold
- ☐ Cooking equipment *
- ☐ Something to block heat generating equipment from public contact (rope, chairs, plywood, tables, saw horses, etc) or locate heat generating equipment in a part of booth not accessible to public *
- ☐ Garbage containers / garbage bags *
- ☐ Food utensils
- ☐ Food containers / lids
- ☐ Other items: _____

- ☐ Food booth name sign *
- ☐ Food preparation tables *
- ☐ Food storage shelves, pallets, or tables *
- ☐ Food condiment containers with attached lids
- ☐ Containers with spigots for bulk beverages
- ☐ Hair confinement
- ☐ Electrical cord & trip hazard prevention items (duct tape, hang overhead, etc.)
- ☐ Electrical generator (if needed) *
- ☐ Money handling equipment
- Flooring for food booth if on dirt or grass:
 - ☐ Tarp Mats
 - ☐ Plywood Rugs
- Fuel for hot holding and cooking equipment:
 - Gas Charcoal, etc
 - Electricity Other _____

FOOD INFORMATION

[illegible]

ANY ADDITIONAL MENU ITEMS NOT LISTED ABOVE MUST BE SUBMITTED TO FOODPROGRAM@COUNTYOFMERCED.COM FOR REVIEW AND APPROVAL PRIOR TO ADDING THEM TO THE APPROVED SETUP.

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE FOOD YOU WILL BE SELLING AT EVENTS:

- | | | |
|---|-----------------------|------------------------------|
| A. DOES ANY FOOD CONTAIN MEAT, DAIRY, EGGS, CUT FRUIT, OR CUT VEGETABLES? | YES | NO |
| B. WILL ALL FOOD ITEMS STILL BE SEALED IN THEIR ORIGINAL PACKAGING WHEN SOLD OR GIVEN AWAY? | YES | NO |
| C. WILL FOOD BE PREPARED OR PORTIONED ON SITE AT THE TEMPORARY FOOD FACILITY EVENT? | YES | NO |
| D. WILL ANY FOOD BE PREPARED <u>AT ANOTHER LOCATION</u> BY THE APPLICANT? | YES (Continue to "E") | NO (Proceed to sketch sheet) |
| E. WHAT AMOUNT OF TIME WILL BE USED TO TRANSFER FOOD FROM THE APPROVED KITCHEN LISTED BELOW TO THE TFF? | | |

TO BE COMPLETED BY THE OPERATOR OF THE APPROVED COMMERCIAL / COMMUNITY KITCHEN WHERE FOOD WILL BE PREPARED AND/OR UTENSILS WILL BE WASHED/ SANITIZED

THE FOOD VENDOR LISTED ON THIS FORM HAS PERMISSION TO USE THE APPROVED COMMERCIAL / COMMUNITY KITCHEN NAMED BELOW FOR THE PREPARING AND STORING OF FOOD AND/OR WASHING AND SANITIZING OF UTENSILS FOR THEIR TFF OPERATION.

BUSINESS NAME OF COMMERCIAL / COMMUNITY KITCHEN:		ADDRESS OF COMMERCIAL / COMMUNITY KITCHEN:	
CITY:	STATE:	ZIP:	PHONE:
EMAIL:		OPERATOR OF COMMERCIAL / COMMUNITY KITCHEN:	
SIGNED	PRINT NAME	DATE	

FOOD / KITCHEN INFORMATION

Sketch Sheet – In the following space, provide a drawing and/or complete photos of the food booth setup. Identify and describe all equipment, including hand washing facilities, utensil washing facilities, cooking, hot holding and cold holding equipment, prep tables, food storage and garbage containers. You MUST show all items marked with an asterisk (*) in your sketch below that you indicated as part of your proposed setup.

How many people will be working in the booth? _____

PLEASE MARK THE APPROPRIATE BOX FOR YOUR MERCED COUNTY HEALTH PERMIT TYPE (MARK ONE):

I DO NOT HAVE A PERMIT AND AM APPLYING FOR ONE

STANDARDIZED ANNUAL TEMPORARY FOOD FACILITY (TFF) APPROVAL # _____

ANNUAL MOBILE FOOD FACILITY (MFF) OR MOBILE FOOD PREP UNIT (MFPU) FACILITY ID # _____

**REQUIRED
SIGNAGE**

PLEASE READ AND INITIAL:

_____ The Name of my TFF, MFF, or MFPU will be visible to customers in letters no less than 3 inches high.

_____ The City, State, and ZIP Code of my TFF, MFF, or MFPU will be visible to customers in letters no less than 1 inch high.

_____ I will visibly post my Temporary Health Permit to Operate during all hours of operation at the approved Community Event.

_____ I will keep a copy of the Approved Standard Operating documents with me during operation at all approved Community Events.

I, _____ (print name), have read the Community Event guidelines and understand what is expected of me in order to operate my temporary food facility at multiple events. If I fail to provide the required items, or I have food from unapproved sources during the operation time, it may result in suspension / revocation of my permit, or further legal action.

Operator's Signature _____ **Date:** _____

Please return your signed and dated Vendor Application to the Event Organizer, who is responsible for submitting all applications to MCDEH for review and approval at least 2 weeks prior to the Community Event start date.

For Community Events with only a single Vendor, the single Vendor is considered to be the Event Organizer.

FOR OFFICE USE ONLY:

A/R No: _____

PAID: INVOICE #: _____ \$ _____ TE #: _____

APPROVED _____ DATE _____

EXEMPT _____ BO #: _____



CITY OF MERCED

Finance Department – Business License Application – **Special Events**
678 West 18th Street
Merced, CA 95340
(209) 385-6843

Business Name _____ Date of Application _____

Business Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Type of Business (Give Full Description) _____

Type of Organization: ☐ Corporation ☐ Partnership ☐ Sole Owner ☐ Other _____

Federal Tax ID# _____ State Tax ID# _____ State Sales Tax # (Required) _____

Name of Owner _____ Home Phone (____) _____
Address _____ Social Security # _____
City/State/Zip _____ Date of Birth _____

Name of Owner _____ Home Phone (____) _____
Address _____ Social Security # _____
City/State/Zip _____ Date of Birth _____

Name of Owner _____ Home Phone (____) _____
Address _____ Social Security # _____
City/State/Zip _____ Date of Birth _____

Emergency Contact (Primary) _____ Phone # _____

Emergency Contact (Secondary) _____ Phone # _____

☐ Name of Event _____

☐ Event Date(s) _____

NOTE: If you are a food vendor, a copy of your health certificate is required.

The undersigned applicant does hereby agree to indemnify and hold harmless the City of Merced, its officers, agents, and employees from any and all liability, costs, damages, or injuries to persons and damage to property which may arise out of or in any way be connected with the business.

Signature _____ Total Due \$ _____

Title _____ Date _____ License # Issued _____

(FOR FINANCE USE ONLY)

Date Billed _____ Classification _____

Total Due \$ _____ Account # _____

Verified By _____

*Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx; The Department of Rehabilitation at www.rehab.cahwnet.gov; The California Commission of Disability Access at www.cdda.ca.gov.

DISABILITY ACCESS REQUIREMENTS AND RESOURCES

NOTICE TO APPLICANTS FOR BUSINESS LICENSES AND COMMERCIAL BUILDING PERMITS:

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

DEPARTMENT OF
GENERAL SERVICES,
Division of the State
Architect, CASp Program

www.dgs.ca.gov/dsa

www.dgs.ca.gov/casp

DEPARTMENT OF
REHABILITATION
Disability Access Services

www.dor.ca.gov

www.rehab.cahwnet.gov/

disabilityaccessinfo

DEPARTMENT OF
GENERAL SERVICES,
California Commission on
Disability Access

www.cdda.ca.gov

www.cdda.ca.gov/resources-menu/

CERTIFIED ACCESS SPECIALIST INSPECTION SERVICES

Compliance with state and federal construction-related accessibility standards ensures that public places are accessible and available to individuals with disabilities. Whether your business is moving into a newly constructed facility or you are planning an alteration to your current facility, by engaging the services of a Certified Access Specialist (CASp) early in this process you will benefit from the advantages of compliance and under the Construction-Related Accessibility Standards Compliance Act (CRASCA, Civil Code 55.51-55.545), also benefit from legal protections.

Although your new facility may have already been permitted and approved by the building department, it is important to obtain CASp inspection services after your move-in because unintended access barriers and violations can be created, for example, placing your furniture and equipment in areas required to be maintained clear of obstructions. For planned alterations, a CASp can provide plan review of your improvement plans and an access compliance evaluation of the public accommodation areas of your facility that may not be part of the alteration.

A CASp is a professional who has been certified by the State of California to have specialized knowledge regarding the applicability of accessibility standards. CASp inspection reports prepared according to CRASCA entitle business and facility owners to specific legal benefits, in the event that a construction-related accessibility claim is filed against them.

To find a CASp, visit www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx.

DISABILITY ACCESS REQUIREMENTS AND RESOURCES

GOVERNMENT TAX CREDITS, TAX DEDUCTIONS AND FINANCING

State and federal programs to assist businesses with access compliance and access expenditures are available:

Disabled Access Credit for Eligible Small Businesses

FEDERAL TAX CREDIT—Internal Revenue Code Section 44 provides a federal tax credit for small businesses that incur expenditures for the purpose of providing access to persons with disabilities. For more information, refer to Internal Revenue Service (IRS) Form 8826: Disabled Access Credit at www.irs.gov.

STATE TAX CREDIT—Revenue and Taxation Code Sections 17053.42 and 23642 provide a state tax credit similar to the federal Disabled Access Credit, with exceptions. For more information, refer to Franchise Tax Board (FTB) Form 3548: Disabled Access Credit for Eligible Small Businesses at www.ftb.ca.gov.

Architectural and Transportation Barrier Removal Deduction

FEDERAL TAX DEDUCTION—Internal Revenue Code Section 190 allows businesses of all sizes to claim an annual deduction for qualified expenses incurred to remove physical, structural and transportation barriers for persons with disabilities. For more information, refer to IRS Publication 535: Business Expenses at www.irs.gov.

California Capital Access Financing Program

STATE FINANCE OPTION—The California Capital Access Program (CalCAP) Americans with Disabilities Act (CalCAP/ADA) financing program assists small businesses with financing the costs to alter or retrofit existing small business facilities to comply with the requirements of the federal ADA. Learn more at www.treasurer.ca.gov/cpcf/capcalcap/.

FEDERAL AND STATE LEGAL REQUIREMENTS ON ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) —The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities, and requires all public accommodations and commercial facilities to be accessible to individuals with disabilities. Learn more at www.ada.gov.

CALIFORNIA BUILDING CODE (CBC)—The CBC contains the construction-related accessibility provisions that are the standards for compliant construction. A facility's compliance is based on the version of the CBC in place at the time of construction or alteration. Learn more at www.bsc.ca.gov.