

# COMMUNITY EVENT FOOD VENDOR APPLICATION

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**UTENSIL SINKS (cont'd)**

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

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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

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

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

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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 retail or wholesale kitchen approved by the county (Environmental Health office) or by the State government (CDPH, CDFA, etc.) or Federal government (USDA, FDA, etc.). The Commissary Authorization section below must be completed and signed by the **owner/operator of the approved kitchen** where food preparation will take place.

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

**APPROVED KITCHEN AUTHORIZATION**

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

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

28. BUSINESS NAME OF APPROVED KITCHEN		29. ADDRESS OF APPROVED KITCHEN	
30. CITY	31. STATE	32. ZIP	33. PHONE
34. OWNER/OPERATOR OF APPROVED KITCHEN		35a. PERMIT, LICENSE, OR REGISTRATION NUMBER:	35b. ATTACH COPY OF PERMIT, LICENSE, OR REGISTRATION.
36a. SIGNED <i>Food Facility Owner, Operator or Authorized Representative</i>	36b. PRINT NAME	37. DATE	

IF THE APPROVED 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 APPROVED KITCHEN, AND VERIFYING A CURRENT PERMIT TO OPERATE. **ATTACH COPY OF PERMIT, LICENSE, OR REGISTRATION.**

38a. SIGNED <i>Environmental Health Specialist</i>	38b. PRINT NAME	39. DATE
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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  <i>Food Booth Owner/Operator</i>	42. DATE
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