

| VENDOR / OPERATOR INFORMATION | | |
|--|-------------------------------------|------------------------|
| Name of Event : | Event Date (s): | Event Set Up Time (s): |
| Event Location (address and city): | On Site Contact Person: | |
| Name of Vendor/Organization or Company: | Mobile Food Vehicle License Plate # | On Site Phone #: |
| Vendor Facility Commercial Kitchen or Commissary - Address, City and Zip | E-mail address of Vendor/Operator: | |
| For Profit Non-profit - 501 c3 Copy Vet-Exempt - DD214 Copy Mobile Food Vehicle - Current Health Permit Copy CFO - Current Health Permit Copy | | |

Type of all food/beverage to be sold or given away: *(Include beverages, ice, condiments, or attach a menu).*

Source(s) of all food/beverages purchased/prepared: *Name of Restaurant, Caterer, Kitchen, Cottage Food Operator, Costco, Grocery Store etc.*

Type of holding/cooking equipment to be used: *(i.e. ice chest, barbeques, fryers, chafing dishes, steam table, etc.)*

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Checklist Completed by Food or Beverage Vendor / Operator

Pre Packaged Food/Beverages Only

All food/beverages will be prepackaged and no food preparation will be conducted in the booth. Yes No
 Overhead protection and approved floor cover will be on site because I am selling prepackaged food/beverages only. Yes No

Non Pre Packaged Food/Beverages

- | | | |
|---|-----|-----------------------------|
| 1. I understand I can not prepare food/beverages at home. | Yes | No |
| 2. I am preparing all food/beverages on-site | Yes | No |
| 3. I am preparing and storing all food/beverages in an approved commissary/production kitchen (If Yes and out of county, attach Commercial/Production Kitchen Agmt). Production Kitchen Address _____ | Yes | No |
| 4. I am preparing approved foods in my CC County registered/permitted Cottage Food Operation <i>attach permit copy</i> . | Yes | No <input type="checkbox"/> |
| 5. I will provide an accurate probe thermometer to measure the hot and cold holding of potentially hazardous food during all times of booth operation. | Yes | No <input type="checkbox"/> |

I am providing the following minimum hand washing facilities:

- | | | |
|---|-----|----|
| 6. Water supply dispenser (5-10 gallons) with hands free spigot. | Yes | No |
| 7. Booths with open food/beverage preparation will be required to have water temperature of 100°F for hand washing. | Yes | No |
| 8. One separate tub (bucket or basin) for collection of rinse/waste water. | Yes | No |
| 9. Pump style soap container. | Yes | No |
| 10. Paper towels & trash receptacle. | Yes | No |

I am providing the following items within my booth for the sanitary cleaning of food preparation utensils:

- | | | |
|---|-----|----|
| 11. Three (3) compartment container (basin 6-8 inches minimum); (1) Detergent & Water, (2) Clean rise water (3) Appropriate sanitizing solution, 4) Test strips for checking sanitizer. <i>See page 4</i> | Yes | No |
|---|-----|----|

I am protecting the non pre packaged food/beverage preparation areas from insects, dust, and the public by the following method:

- | | | |
|---|-----|----|
| 12. A booth with walls and ceiling constructed either of wood, canvas or other approved materials with fine mesh fly screening, completely enclosing open food areas. | Yes | No |
| 13. A booth with cleanable flooring (concrete, asphalt, tight wood or other similar cleanable material are acceptable). | Yes | No |
| 14. Food/beverage supplies will be stored at least 6 inches off the ground. | Yes | No |

I have read the handout on [Requirements for Temporary Food Facilities](#) and will follow the guidelines provided in this handout.

| | |
|--|-------------|
| Completed by (Vendor signature): _____ | Date: _____ |
| Please print Vendor name: _____ | |
| Event Coordinator Signature: _____ | Date: _____ |



**CONTRA COSTA
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**COMMERCIAL/PRODUCTION KITCHEN AGREEMENT
FOR TEMPORARY FOOD EVENT VENDORS**

1. TO BE COMPLETED BY FOOD BOOTH OPERATOR

| | |
|-------------------------------------|------------------|
| Owner Name: | Food Booth Name: |
| Mailing Address (City, State, Zip): | |
| Telephone: | Email: |

I hereby declare that the above information is current, true and correct to the best of my knowledge and agree to use the Commercial/Production Kitchen in accordance with the California Health and Safety Code.
Signature: _____ **Print Name:** _____ **Date:** _____

2. TO BE COMPLETED BY COMMERCIAL/PRODUCTION KITCHEN OWNER OR OPERATOR

FACILITY CURRENTLY PERMITTED BY HEALTH DEPARTMENT: YES NO

Commercial/Production Kitchen Name:

Facility Address (City, State, Zip):

| | | |
|-------------|--------|--------|
| Owner Name: | Phone: | Email: |
|-------------|--------|--------|

- I will provide the above-named food booth operator access to the following (if available):
- | | |
|---|--|
| <input type="checkbox"/> Hand washing facilities | <input type="checkbox"/> Ice machine or cooling equipment |
| <input type="checkbox"/> Food preparation area | <input type="checkbox"/> Potable water |
| <input type="checkbox"/> Food preparation sink | <input type="checkbox"/> Garbage and refuse disposal |
| <input type="checkbox"/> 3-Compartment warewash sink | <input type="checkbox"/> Dry food/equipment storage |
| <input type="checkbox"/> Refrigeration/Freezer storage | <input type="checkbox"/> Chemical storage |
| <input type="checkbox"/> Cooking equipment and ventilation hood | <input type="checkbox"/> Restroom with hand washing facilities |

If Commercial/Production Kitchen holds a valid Environmental Health Permit to operate, include a copy of a valid health permit. I certify that the business named in Section 1 is operating out of the above Commercial/Production Kitchen.
Owner/Manager Signature: _____ **Print Name:** _____ **Date:** _____

3. OUT OF COUNTY PRODUCTION KITCHEN (SIGNED BY AGENCY WITH JURISDICTION)

The above listed Commercial/Production Kitchen is permitted in _____ County.
 The above checked (see section 2) requirements are available at the proposed Production Kitchen/approved facility.

Include a copy of valid Environmental Health (EH) Permit and obtain a signature from an authorized EH inspector from that County.

REHS Signature: _____ **Print Name:** _____ **Date:** _____
Telephone: _____ **Email:** _____

FOR OFFICE USE ONLY

| | | | | |
|-------|------|-----|--------------|----------------|
| FA#: | PR#: | PE: | Received By: | Date Received: |
| REHS: | | | Date: | |