

To be Completed by EACH Food/Beverage Vendor/Operator and submitted to Event Coordinator

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.)*

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: _____

Event Coordinator to Complete Form

BEVERAGE BOOTH ORGANIZATION INFORMATION

NAME OF EVENT:		DATE(S):	EVENT SET UP TIME (S):
EVENT LOCATION:		ONSITE CONTACT PERSON:	
NAME OF ORGANIZATION OR COMPANY:		ONSITE PHONE NUMBER #:	
MAILING ADDRESS, CITY, ZIP:		EMAIL ADDRESS OF EVENT COORDINATOR:	
NUMBER OF BOOTHS OR TABLES :			
Wineries _____	Breweries _____	Distilleries _____	Non-alcoholic beverages _____

ALL BEVERAGES MUST BE FROM AN APPROVED SOURCE OR FACILITY

Please attach Site Map and a List of ALL Vendors and the Products they are providing.

- | | | |
|--|-----|----|
| 1. I understand that beverages cannot be prepared and stored at home. | Yes | No |
| 2. All beverages are from an approved manufacturer. | Yes | No |
| 3. I understand the vendor cannot serve or sample any food. | Yes | No |
| 4. The vendor is only serving or sampling beverages. | Yes | No |
| 5. I understand the beverage vendor will not be able to dispense ice for consumption. | Yes | No |
| 6. Overhead protection above dispensing station and an approved floor will be provided. (ex. concrete, asphalt, smooth wood, clean tarps). | Yes | No |
| 7. Operator identification signage for each beverage booth will be provided. | Yes | No |
| 8. Proper wastewater receptacles to collect spillage will be provided. | Yes | No |
| 9. Adequate trash receptacles for waste disposal will be provided. | Yes | No |

NOTE: Adequate handwashing station(s) are highly recommended and can be shared by up to four vendors.

If sampling any food, vendor must submit and sign the Temporary Food Facility Operator Information Form and follow all sampling guidelines.

I have read the handout on <u>Requirements for Temporary Food Facilities</u> and will follow the guidelines provided.	
Please Print Event Coordinator Name: _____	Date: _____
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:
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- 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:	