



Concessionaire Health Permit Application

Food and Beverage Booths for Community Events in Madera County

(Please complete all sides of the application, Page 1-4)

Event #:	Invoice #:	Entered By:	Date:
-----------------	-------------------	--------------------	--------------

BOOTH OWNER/OPERATOR INFORMATION

Owner/Operator Name: _____ Contact Person _____

Business Address: _____ City: _____ ST: ____ Zip: _____

Mailing Address: _____ City: _____ ST: ____ Zip: _____

Home/Cell Phone: () _____ Fax Phone: () _____

Email: _____

BOOTH INFORMATION

Booth Business Name (Please Print): _____

Will you operate more than one booth at this event?: No Yes (Attach a completed Concessionaire Application for *each* booth)

Number of Booths: ____ of ____

NAME OF OFF-SITE FOOD PREPARATION FACILITY (if applicable)

Name of Facility: _____

(where food is prepared and/or stored prior to the event)

Address of Facility: _____ City: _____ ST: ____ Zip: _____

Phone () _____ - _____ Email: _____

***ALL FOODS SHALL BE PREPARED & STORED IN A FACILITY WITH A VALID HEALTH PERMIT.
HOME PREPARATION OR STORAGE IS PROHIBITED.***

EVENT INFORMATION

Name of Event: 4th of July Spectacular

Event Address: Madera Fairgrounds, 1850 Cleveland Ave City: Madera ST: Ca Zip: 93637

Organizer/Sponsor Name: Greater Madera Kiwanis Club Organizer/Sponsor Phone: (559) 673-1010

Start Date: July 4th, 2023 Time: 5 :00PM **End Date:** July 4th, 2023 Time: 10 :00PM

Check all that apply:

- For Profit Prepackaged Sampling
- VA Exception DD-214 (Provide Copy)
- Madera Permitted Mobile Sticker #: _____
- Cottage Food Operator (CFO) _____
(County)

Non-Profit (Nonprofit organizations are not exempt from late submittal fees):

- 501-C (Provide Copy)*
- I am operating for the benefit of a non-profit association.
(Provide CalCode §113789(c)(4) exemption form)

*An organization that was organized and is in operation for charitable purposes and meets the requirements of CalCode Section 113842, Section 214 of the Revenue and Taxation Code. A corporation incorporated pursuant to the Nonprofit Corporation LAW (Division 2 (commencing with Section 5000) of Title 1 of the Corporations Code), that is exempt from taxation pursuant to paragraphs (1) to (10), inclusive, and paragraph (19) of Section 501 (c) of the Internal Revenue Code and Section 23701d of the Revenue and Taxation Code.

Applications and payments or copies of tax exemption status must be received by this division **at least 14 working days prior to the event date**. All completed applications and fees shall be submitted to the organizer. All fees shall be paid before the event. No money will be collected on-site. Permit fees are as per the most current fee schedule approved by the Board of Supervisors. Failure to comply with the above conditions may result in closure of food booths and/or additional fees.

I have read, understood, and will abide by the requirements for sales of food from a Temporary Food Booth.

Signature of Applicant _____ Date _____



Community and Economic Development

Environmental Health Division
200 W. 4th Street, Suite 3100
Madera CA 93637
P: (559) 675-7823
FAX (559) 675-7919
envhealth@madera-county.com

VETERAN'S FEE EXEMPTION FORM

This exemption is in accordance with Section 16102, Business and Professions Code, which allows every United States Veteran, who has received an honorable discharge or a release from active duty under honorable conditions, to hawk, peddle, sell any goods, or merchandise owned by him, (except spirituous, malt, vinous or other intoxicating liquor), without payment of any license, tax or fee.

This affidavit is to be filed with the Madera County Environmental Health Division in conjunction with this application for a Health Permit to operate a food sales business.

Business Name: _____

Business Location: _____

Mailing Address: _____ City: _____

Business Owner (Veteran): _____ Phone #: _____

Owner Address: _____ City: _____

Verification of Owner Veteran Identity:

Drivers License No: _____ State _____ Expiration Date _____ Birth Date: _____

Service Branch: Army Navy USMC USAF USCG

Service Documentation: Attach a copy of Veteran's *Honorable Discharge Form (DD214)*.

I DECLARE UNDER PENALTY OF PERJURY, BY THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

Signature _____ Date _____ Account #: _____

Concessionaire Health Permit Application

Food and Beverage Booths for Community Events in Madera County

List all foods to be served and equipment to be used in the booth <i>(attach pages if necessary)</i>				
Name of Food or Beverage	Prepared on-site (Circle one)		Equipment used for temperature control of Potentially Hazardous Food <i>Cold -Less than 41° F / Hot -Greater than 135° F</i>	Approved Food Source (Name & Location of suppliers)
1.	<input type="checkbox"/> Y	<input type="checkbox"/> N		
2.	<input type="checkbox"/> Y	<input type="checkbox"/> N		
3.	<input type="checkbox"/> Y	<input type="checkbox"/> N		
4.	<input type="checkbox"/> Y	<input type="checkbox"/> N		
5.	<input type="checkbox"/> Y	<input type="checkbox"/> N		
6.	<input type="checkbox"/> Y	<input type="checkbox"/> N		
7.	<input type="checkbox"/> Y	<input type="checkbox"/> N		

Required Equipment & Processes

Select all that apply *(review TFF guidelines for requirements)*

Thermometers *(PHF's shall be cold held at or below 41° F OR hot held at or above 135° F)*

- Probe type (0° F-200° F) must be available for monitoring temperatures of Potentially Hazardous Food (PHF).
- Internal thermometers for **cold** holding units. Internal thermometers for **hot** holding units.
- Food is kept **hot** or **cold** during transportation to the event.

Provide details: _____

Handwashing Facilities

As a minimum, you need 5 gallons of water in a container with a “hands free” spigot, a bucket to catch wastewater, a liquid or powder soap in a dispenser and paper towels.

- Gravity flow container with spigot/faucet to allow water flow with both hands free.
- Plumbed sink with warm water.

Utensils and Warewashing Facilities

- A maximum of 4 booths may share one Plumbed or Portable 3-compartment sink with hot and cold running water.
- Use of 3 separate 5 gallon dish tubs/buckets within food booth.
- Provide sanitizer and test strips. *(One tablespoon of chlorine (5.25%) for each gallon of water = 100PPM)*
- Utensils and equipment will arrive to the event in a clean and sanitary condition.

Food Preparation

- All open food will be prepared within a fully enclosed booth or mobile (cart/trailer/truck).
- I will be washing food (produce, etc.) in an approved manner or in an approved food facility.

Provide details: _____

Potable Water & Waste Disposal

Source of potable water provided by: Organizer Other: _____

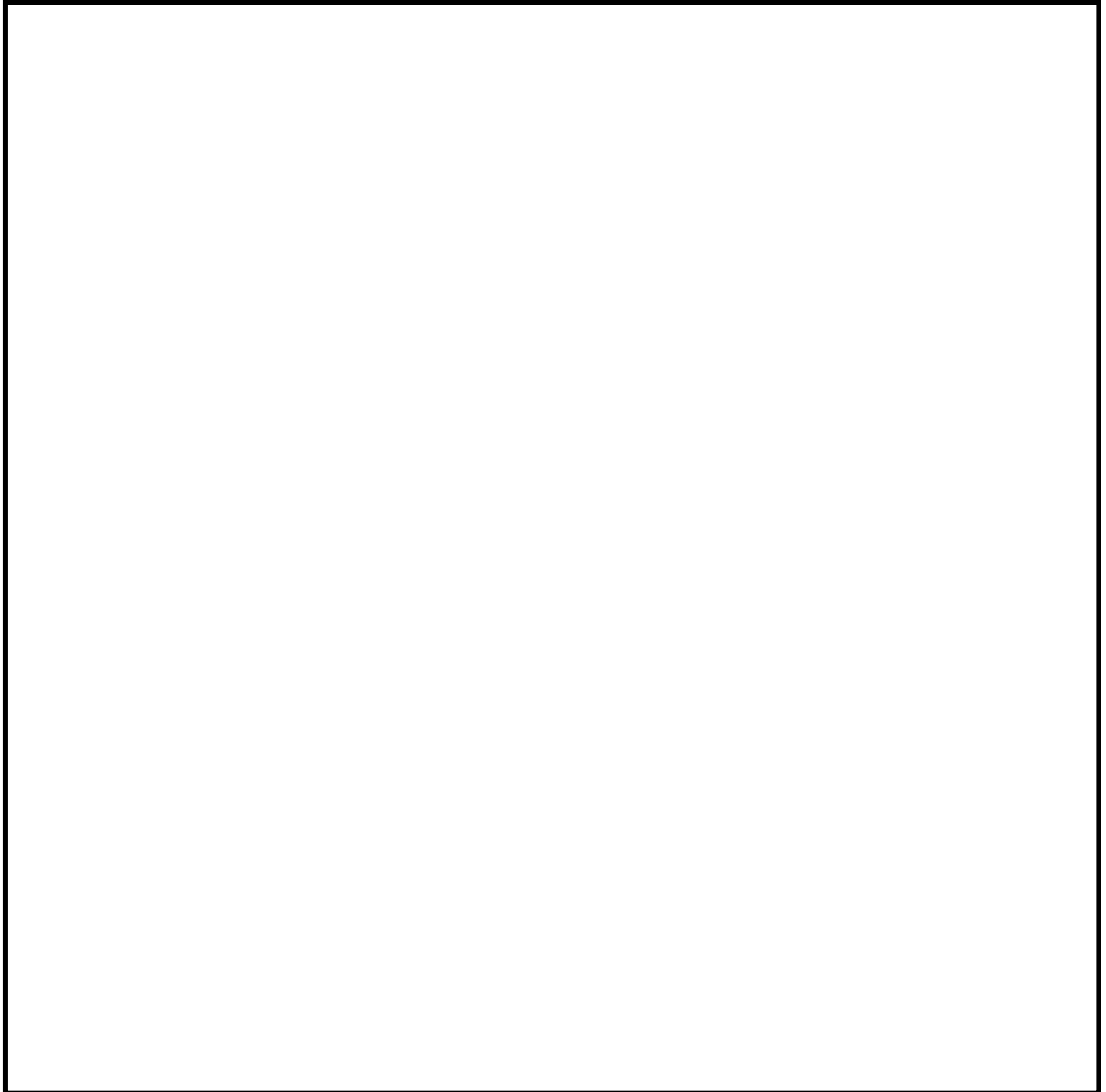
Location of waste disposal provided by: Organizer Other: _____

Concessionaire Health Permit Application
Food and Beverage Booths for Community Events in Madera County

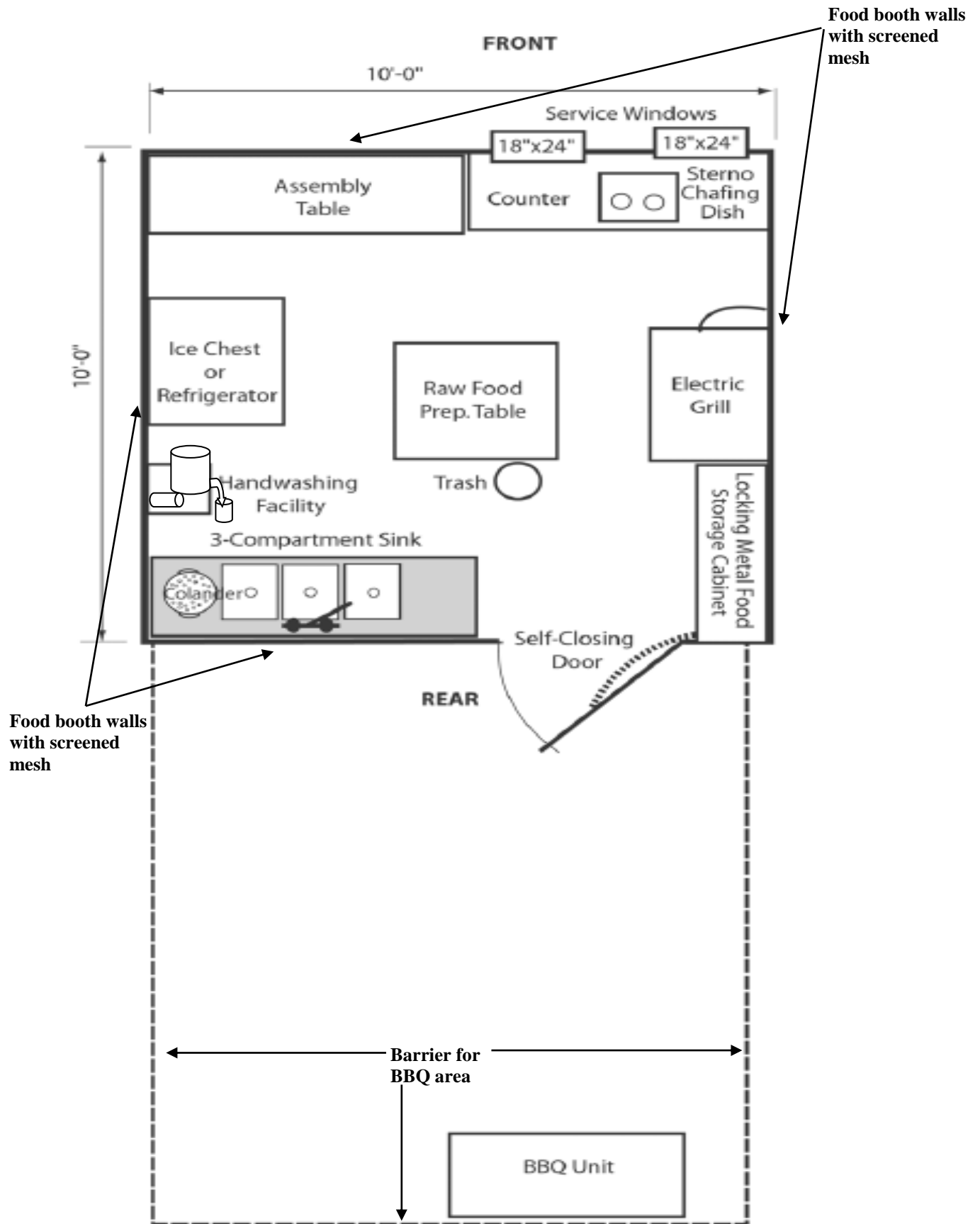
Food Booth Site Map

Name of Booth: _____

In the space provided, draw all components of the Food Booth. Identify and describe all equipment including cooking, cold & hot holding equipment, handwashing facilities, work tables, warewashing facilities, food & single service utensil storage, garbage containers, & customer service areas. *(Attach pages if necessary)*



Sample Concessionaire Food Booth Drawing



Inspection/Self Inspection Form Community Event Booth

Complete this form **before you begin to serve food** to the public. Have the form available to show to the event sponsor or to the Environmental Health Inspector.

Name of the person in charge of the booth: _____
(There must be someone in charge and present at all times)

- | Items to be completed before serving food to the public: | Initial when done |
|--|--------------------------|
| 1. Handwash station is set up and is ready to use.
<input type="checkbox"/> Hands shall be washed for 20 seconds
<input type="checkbox"/> Container of warm water with a spigot for continuous flow of water
<input type="checkbox"/> Bucket to catch the dirty water
<input type="checkbox"/> Liquid soap in a pump dispenser
<input type="checkbox"/> Single use paper towels | 1 _____ |
| 2. Warewash station is set up and ready to use.
<input type="checkbox"/> Provide sanitizer test strips
<input type="checkbox"/> compartment with soapy hot water to use for washing
<input type="checkbox"/> compartment with water to use for rinsing
<input type="checkbox"/> compartment with bleach and water to use for sanitizing
<input type="checkbox"/> One (1) tablespoon of bleach per gallon of water | 2 _____ |
| 3. Food preparation tasks are delegated so there are three types of workers:
<input type="checkbox"/> those who only touch the raw meat and poultry
<input type="checkbox"/> those who only touch ready to eat foods
<input type="checkbox"/> those who only touch the money | 3 _____ |
| 4. All food preparation is done inside of the enclosed booth that shall be enclosed on all sides with 16 mesh per square inch screens. | 4 _____ |
| 5. Floors constructed of concrete, asphalt, tight wood, or other similar cleanable material kept in good repair. | 5 _____ |
| 6. Barbecue units may be used outside of the booth but all barbecue food must be taken back inside the enclosed booth for service to the customer. <i>(Not applicable to griddles)</i> | 6 _____ |
| 7. Thermometer to measure food temperatures is available in the booth.
<input type="checkbox"/> All cold foods are well iced and are below 41 degrees F.
<input type="checkbox"/> All hot foods are served directly to the customer or held at or above 135 degrees F
<input type="checkbox"/> Discard any remaining hot foods at the end of each day | 7 _____ |
| 8. Trash containers are available inside the booth | 8 _____ |
| 9. Self-serve condiments are:
<input type="checkbox"/> In containers with a hinged lid and utensil for scooping
<input type="checkbox"/> In squeeze bottles or individual packets | 9 _____ |
| 10. All open food is protected from customer spit and sneezes by means of a barrier or guard | 10 _____ |
| 11. Food is stored 6-inches off the floor | 11 _____ |
| 12. Provide stocked first aid kit , if dealing with heat burn cream or spray is required. | 12 _____ |
| 13. Fire Safety
<input type="checkbox"/> Provide Type 2A 10BC fire extinguisher
<input type="checkbox"/> Provide Type K fire extinguisher <i>(if cooking with grease)</i> | 13 _____ |
| 14. The business name (letters at minimum of 3" high), city, state and ZIP Code (no less than 1" in height) must be on the booth. | 14 _____ |
| 15. Health Permit is prominently displayed for the public. | 15 _____ |