



ENVIRONMENTAL HEALTH DIVISION
 800 SOUTH VICTORIA AVE., VENTURA 93009-1730
 PH: 805-654-2813 FAX: 805-654-2480
vcrma.org/divisions/environmental-health
 See Instructions/Fee Schedule on website for current fee.

FOR OFFICE USE ONLY	
Rcd By	_____
Date	_____
Amt Rcd	_____
Check #	_____
TE #	_____
FA #	_____
P/E	_____

COMMUNITY EVENT ORGANIZER APPLICATION

All Event Applications must be submitted by the Event Organizer at least 30 days before the event.

Event Name: _____ New Repeat

Event Location: _____ Address: _____

Operating Dates/Times: _____ If season or series, attach schedule.

Organization promoting event: _____ Phone: _____

Organizer Mailing Address: _____ City: _____ Zip: _____

Organizer Contact Name: _____ Took TFF Class: Y N Attach most recent Certificate.

Cell phone: _____ Fax: _____ Email: _____

Alternate Contact: _____ Cell phone: _____ Email: _____

TEMPORARY FOOD FACILITY (TFF) CERTIFICATION – ORGANIZER DECLARATION: I have a current certificate for attending the Ventura County EHD Temporary Food Facility class and will be present and available during the event to ensure proper operation of the event.

Signature: _____ Date of recent TFF Certification: _____

FEES			
Consult Instructions/Fee Schedule on EHD website for current fee. Attach appropriate documentation.			
<input type="checkbox"/> Ventura EHD TFF Food Handler Certificate attached. ** TFF Certified person must be present during the event. **			
Number of days operating: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Season/Series (Attach Schedule) <input type="checkbox"/> Certified Farmers' Market	Enter the Number of: TFF-1 (open food and/or PHF) _____ TFF-2 (prepackaged non-PHF) _____ Ventura County CFOs _____ Attach copies of permit/registration	Annual Permits: TFF-1 Annual _____ TFF-2 Annual _____ Attach permit copies Ventura Co. MFF _____ Attach inspect report copies	Fee Due (Minus waiver if applicable): \$ _____

UTENSIL WASHING SINK FACILITIES FOR THE TFFs	
Approved flooring and overhead protection required.	
3-Compartment utensil washing sink with hot (120°F) and cold running water under pressure provided by: <input type="checkbox"/> Event Organizer Number of sinks: _____ <input type="checkbox"/> TFF Operator (skip questions below) <input type="checkbox"/> Prepackaged food only. No 3-compartment sink required.	Liquid Waste Removal Provided by: <input type="checkbox"/> Event Organizer <input type="checkbox"/> City of _____ <input type="checkbox"/> TFF Operator <input type="checkbox"/> Waste Removal Company (provide Name, Address & Phone): _____ _____ Frequency of Service: _____
Provide 3-Compartment Utensil Sink Information. Garden hoses are NOT approved for water connection. <input type="checkbox"/> Water tank _____ gallons <input type="checkbox"/> Connected to drinking water supply by a food grade hose with backflow prevention device (provide verification of source) Source: _____ Method of Liquid Waste Disposal: <input type="checkbox"/> Connected to public sewer <input type="checkbox"/> Waste tank _____ gallons (if unlimited water supply, provide minimum 250 gallon waste tank) Type of Sanitizer Solution (Appropriate test strips must be provided.): <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Other (specify) _____	

LIST OF PARTICIPATING TEMPORARY FOOD FACILITIES (TFFs)

If more than 10, attach a list.

TO BE COMPLETED BY ORGANIZER			TO BE COMPLETED BY EHD STAFF			
Business name	Operator name	Telephone #	TFF Type	Using Org sink	Fee Due	Pmt Type
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

LIST OF PARTICIPATING VENTURA COUNTY COTTAGE FOOD OPERATORS (CFOs)

These are home based food operations registered or permitted in Ventura County. If more than 3, attach a list.

TO BE COMPLETED BY ORGANIZER			EHD STAFF COMPLETE
Business name	Operator name	Telephone #	CFO Type
1.			
2.			
3.			

LIST OF PARTICIPATING VENTURA COUNTY MOBILE FOOD FACILITIES (MFFs)

These are vehicles permitted annually in Ventura County. If more than 6, attach a list.

TO BE COMPLETED BY ORGANIZER			EHD STAFF COMPLETE
Business name	Operator name	Telephone #	MFF Type
1.			
2.			
3.			
4.			
5.			

ELECTRICAL POWER

Is electrical power provided for food equip't at each TFF? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	If the event is scheduled for more than one day, will the TFF(s) have continuous electricity to power refrigerator(s) overnight? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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TOILET FACILITIES FOR FOOD HANDLERS

Must be within 200 ft. of all TFFs and MFFs. Requires 1 per 15 food handlers.

Number of Toilets: _____	Number of Hand Washing Facilities for Toilets: _____
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TEMPORARY FOOD FACILITY CONSTRUCTION

Food preparation and service booths must have 4 sides, a cleanable floor (asphalt, concrete, plywood, or tarp*) and overhead protection. The booth may have a maximum of two (2) windows no larger than 216 square inches (e.g., 12" by 18") each, separated by at least 18 inches. Prepackaged food booths require overhead protection. If food booth is located on dirt, approved flooring is required.

*Wood is required under cooking equipment. Plastic tarp is not approved flooring for beverage booths.

Provided by: Event Organizer (complete the following) OR TFF Operator (skip remaining question)

Floor Material: _____ Wall Material: _____

Ceiling Material: _____ Size of Pass-through Windows: _____

ANIMAL AREAS

Will there be animal areas? Yes No If Yes, specify: Petting zoo Pony rides Other _____

If there will be animal areas at the event, EHD recommends hand washing facilities equipped with running water, soap, and single-use paper towels in permanently mounted dispensers be located at the exit of the animal areas. Post signage directing people exiting the animal areas to wash their hands.

Animal areas must be located at least 20 feet from any TFF and should not be upwind from any TFF or eating area.

I have completed the application to the best of my ability. I understand that I may be asked to provide additional information in order for the application to be approved and that the information provided is considered part of the application.

I understand that failure to meet the conditions identified in this application or failure to comply with requirements set forth in the California Health and Safety Code may result in the disposal of food, suspension of permit, and/or citation.

I understand that once the application is submitted the application fee is non-refundable. I also understand that if I submit the application with a missing or expired TFF training certificate or without required Nonprofit Charitable Status documents, no fee reduction will be given and full fee is due.

Application completed by:

Print Name: _____ Signature: _____ Cell Phone: _____

IMPORTANT:

ATTACH A SITE PLAN that includes location of: Temporary Food Facilities; Mobile Food Facilities; Cottage Food Operators; restroom and hand washing facilities; Organizer-provided utensil washing facilities; and trash receptacles.

Ensure that all sections of this application are complete before submitting. All required documents must accompany application when it is submitted. Applications will not be accepted after packet is submitted.

FOR FEE WAIVER:

ATTACH A COPY of most recent EHD TFF certificate, valid through the event. If expired, pay fee indicated.

ATTACH A COPY of proof of nonprofit status: IRS Letter of Designation (501c1-10) AND California Franchise Tax Board Entity Status Letter (23701d). If Entity status is not 23701d, pay fee.

SUBMIT APPLICATIONS AT LEAST 30 DAYS BEFORE THE EVENT.