



Ventura County Environmental Health Division  
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 www.vcrma.org/divisions/environmental-health

**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.

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)  *Handwash sinks with pressurized warm (100°F)/cold water are required at TFFs when events last cumulatively 4 days or more. Initials of Event Organizer: _____	Number of TFFs: TFF-1 (open food and/or PHF) _____ TFF-2 (prepackaged non-PHF) _____ (Attach TFF application per booth)	Number of Annual TFFs: TFF-1 Annual _____ TFF-2 Annual _____ (Attach copy of annual permit)	Fee Due (Fee waiver requirements on page 3)  \$
	Ventura County CFOs _____ (Attach copy of annual permit)	Ventura Co. MFFs _____ (Attach copy most recent inspect report) Out of County MFFs won't be approved as a TFF.	

**UTENSIL WASHING SINK FACILITIES FOR THE TFFs**

Approved flooring and overhead protection required.

3-Compartment Warewash Sink w/ pressurized hot (120°F) and cold water provided by (pick an option):  <input type="checkbox"/> TFF Operators (skip questions below) <input type="checkbox"/> Event Organizer <input type="checkbox"/> Prepackaged food only. (Warewash sink not required)	Liquid Waste Removal Provided by (pick an option): <input type="checkbox"/> TFF Operators (skip questions below) <b>OR</b> <input type="checkbox"/> Event Organizer
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**Organizer Provided Warewash Sink Information: (Number of sinks: \_\_\_\_\_)** (If more than one sink, attach list of TFFs per sink #)

Note: Only food grade hoses are approved for water connections. Garden hoses are NOT approved and will result in permit suspension.

<b>Potable Water Supply:</b> <input type="checkbox"/> Water tank size: _____ gallons <b>OR</b> <input type="checkbox"/> Connected to an unlimited drinking water supply  City of: _____  (If unlimited water supply, provide minimum 250-gallon waste tank per sink or connection to public sanitary sewer)	<b>Wastewater Disposal:</b> <input type="checkbox"/> Wastewater tank size: _____ gallons Removal Company: Name: _____ Address: _____ City: _____ Phone: _____ Frequency of service: _____ <b>OR</b> <input type="checkbox"/> Connected to public sanitary sewer City of _____
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Type of sanitizer solution with test strips:  Chlorine  Quaternary Ammonium  Other: \_\_\_\_\_

**LIST OF PARTICIPATING TEMPORARY FOOD FACILITIES (TFFs)**

**If more than 10, attach a list.**

**TO BE COMPLETED BY ORGANIZER**

**EHD STAFF  
COMPLETE**

Business name	Operator name	Telephone	Annual TFFs only Facility ID # FA00*****	If sharing Organizer Ware-wash Sink, "indicate Sink #"	PE	Fee Due
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**LIST OF PARTICIPATING VENTURA COUNTY MOBILE FOOD FACILITIES (MFFs)**

**These are vehicles permitted annually in Ventura County. If more than 5, attach a list with same template.**

**ALL SECTIONS TO BE COMPLETED BY ORGANIZER**

Business name	License Plate Number *Required	Last Inspection Date MM-DD-YY	Operator Name	Telephone #
1.				
2.				
3.				
4.				
5.				

**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**

Business name	Facility ID # FA00*****	Operator name	Telephone #	
1.				
2.				
3.				

**ELECTRICAL POWER**

Is Organizer providing electrical power to each TFF? Yes  No

If the event is scheduled for more than one day, will the TFF(s) have continuous electricity to power refrigerator(s) overnight? Yes  No  N/A

**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: \_\_\_\_\_

**TEMPORARY FOOD FACILITY CONSTRUCTION**

Food preparation and service booths must be fully enclosed with 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 X 18 inches) 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:  TFF Operators (skip questions below) **OR**  Event Organizer

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 Site Plan of Event that includes location of: Temporary Food Facilities; Mobile Food Facilities; Cottage Food Operators; toilet & hand washing facilities; Organizer-provided warewashing sinks; potable water source, wastewater disposal, electrical power, and trash receptacles.**

Ensure all sections of this application are complete before submitting. All required documents must accompany application when it is submitted. **Additional TFF Applications will not be accepted after Organizer Application has been submitted.**

**Fee Waiver Checklist:**

**Application packet submittal at least 30 days before event.**

**Attach copy of valid EHD TFF certificate, valid through the event. Must sign page one.** If expired, pay fee indicated.

Proof of nonprofit status:

**Attach copy of California Franchise Tax Board Entity Status Letter 23701 d.** If not currently exempt 23701 d, pay fee.

**Attach copy of IRS Letter of Designation 501 (c) (1-10).**

Please take a moment to provide feedback.  
An opinion form can be completed at  
<http://www.vcrma.org/envhealth/hawd.html>.

You may also scan this code with your mobile device.

