



COUNTY OF MONTEREY HEALTH DEPARTMENT

EVENT ORGANIZERS APPLICATION PACKET

COMMUNITY EVENT/TEMPORARY FOOD FACILITY INFORMATION

Please return to Environmental Health at least 30 business days prior event date.

Vendor list can be updated and resubmitted up to 10 days prior to the event.

TO BE RETURNED WITH APPLICATION

All Community Event Organizers (Nonprofit and for Profit)

<input type="checkbox"/> Signature Page	Page 1
<input type="checkbox"/> Event Vendor Site map	Page 4
<input type="checkbox"/> Fees. Applicable fees can be viewed at https://bit.ly/4kcidXJ	Page 4
<input type="checkbox"/> Event Organizer Permit Application & List of Event Participants	Page 5-8
Non-Profit Event Organizers return the above items and	
<input type="checkbox"/> Submit on organizational letterhead the listed requirements	Page 2

If you as the organizer are also running a booth

- Submit an application to Operate a Temporary Food Facility

All vendors selling or giving away food at Community events will need to complete the **TEMPORARY FOOD FACILITY PERMIT APPLICATION**

That packet contains:
 General Information for Food and Beverage Personnel. Requirements for Temporary Food Facilities.
 Food Booth Construction Standards. Handwashing and Utensil Washing Requirement. Polystyrene Ordinance Fact Sheet

I have received and read the requirements for a special event to be held in Monterey County. I understand, as the special event organizer, I am responsible for all aspects of the event including but not limited to timely and proper submission of fees and all vendor applications with an approved vendor list. Cancellation of event may result in a forfeit of fees. Any violations relating to the event will result in fees to be billed to the organizer.

Organizer signature

Date




COUNTY OF MONTEREY HEALTH DEPARTMENT

NON-PROFIT EVENT ORGANIZER

Please submit the Event Organizer Application at least 30 days prior to the event. The application should be on the letterhead of your organization showing the following

<input type="checkbox"/> Date & times of event	<input type="checkbox"/> Description of event
<input type="checkbox"/> Location of event	<input type="checkbox"/> Non-Profit Federal tax ID number
<input type="checkbox"/> Menu items	<input type="checkbox"/> Contact person & phone number
Organizations agree to comply with all California Retail Food Code requirements for the operation of temporary food facilities.	

Non-Profit Organizer Fund Raising

Allowed Events	Fee Exemptions
Non-profit charitable temporary food facilities (TFF) may operate up to four (4) times annually. Each event shall not exceed 72 hours.	Each Organizer is entitled to four (4) permit fee exemptions per fiscal year (July 1-June 30) Community Event Organizer Permit fee exemptions are granted on proof of approved IRS nonprofit status.
Other Options After a nonprofit receives 4 Community Event Organizer Permit fee exemptions in a fiscal year, additional events will require a permit fee.	
Choice 1	Choice 2
Purchase a Community Event Organizer Annual Permit for unlimited events throughout Monterey County for the fiscal year.	Purchase a permit for a single event based on the number of days the event will be held.
Fees	
Scan the QR code with your phone camera Or On a computer go to https://bit.ly/4kcidXJ	
For profit vendors participating in the nonprofit event may have a fee waiver, if the for-profit vendor receives no monetary benefit from the event.	
The approved non-profit event organizer shall bear full responsibility for ensuring compliance with all applicable food safety standards at their event. A Consumer Health inspector will continue to engage with the event organizer by providing necessary food safety guidance and information. Should the organizer request a site inspection, the department will assess a two-hour inspection fee. If an inspection is not completed, the organizer expressly assumes all risks associated with the food served at the event.	



COUNTY OF MONTEREY HEALTH DEPARTMENT

NON-PROFIT EVENT ORGANIZERS

Suggested non-potentially hazardous foods

Baked Goods Without Cream, Custard, or Meat Filling

- | | | | |
|----------------------------------|---------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Bagels | <input type="checkbox"/> Brownies | <input type="checkbox"/> Cake | <input type="checkbox"/> Crackers |
| <input type="checkbox"/> Baklava | <input type="checkbox"/> Muffins | <input type="checkbox"/> Churros | <input type="checkbox"/> Cupcakes |
| <input type="checkbox"/> Bread | <input type="checkbox"/> Quick Breads | <input type="checkbox"/> Cookies | <input type="checkbox"/> Pastries |

Beverages

- | | |
|--|--|
| <input type="checkbox"/> Lemonade or other cold drinks made from powders or syrups and water | <input type="checkbox"/> Espresso and blended drinks made from a commercial mix or commercially frozen fruit |
|--|--|

Candy and Confections

- | | |
|--|---|
| <input type="checkbox"/> Hard candy | <input type="checkbox"/> Chocolate bars |
| <input type="checkbox"/> Chocolate-dipped ice cream bars from prepackaged ice cream bars produced in a food processing plant | <input type="checkbox"/> Commercially made candy, included fudge; portioned on site |

Dried, Dehydrated, and Freeze-Dried Foods

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Baking mixes | <input type="checkbox"/> Spice Mixes |
| <input type="checkbox"/> Granola | <input type="checkbox"/> Hot Chocolate Mix |

Other

- Popcorn and flavored popcorn prepared from commercially packaged non-TCS* ingredients
- Pancakes, funnel cakes, donuts, fried dough products made from a commercial mix – no additional eggs or dairy
- Shortcakes: commercially packed berries with canned aerosol whipped cream



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REQUIREMENTS FOR EVENT ORGANIZERS

The Health and Safety Code for the State of California states that the Organizer of a Community Event, which involves Temporary Food Facilities, must obtain an Event Organizer health permit.

Please submit the following at least 30 days prior to the event:

1. A completed Event Organizer Application including the name and contact information for an event organizer representative who is available during the event.
2. Applicable fees can be viewed at <https://bit.ly/4kcidXJ>
3. **Provide a Site map of the event area(s)** showing all the following:

Location of and identification of all food facilities.
Location of all toilet and handwashing facilities available to the food facilities. They must be within 200 feet of all Temporary Food Facilities.
Location of all garbage and refuse containers to be used by the food facilities.
Location of the approved liquid waste disposal or storage facilities for: <ol style="list-style-type: none"> 1) Wastewater. 2) Grease and Oil. 3) Or a statement that vehicles will transport wastewater off site.
Statements as to the source of the water to be used by the temporary food facilities and the location of water hook ups.

4.

<input type="checkbox"/> A List of all persons (including their address, email and telephone number) who will be selling or giving food away (samples) at the event. Please identify vendors who plan have mobile food vehicles. Final list due 10 days prior to date of event. Ensure all food vendors have a valid health permit or application prior to the event. If you have any questions regarding this information, please contact: Monterey County Health Department Environmental Health Bureau		
1270 Natividad Road Salinas, CA 93906 Telephone (831) 755-4508 Fax: (831) 796-8692	1200 Aguajito Rd, Rm 007 Monterey, CA 93940 Telephone (831) 647-7654 Fax: (831) 647-7925	200 Broadway, Ste 70 King City, CA 93930 Telephone: (831) 386-6899 Fax (831) 385-0573



COUNTY OF MONTEREY HEALTH DEPARTMENT

Event Organizer Permit Application & List of Event Participants

Please complete the following form and return all information requested to the Monterey County Health Department **at least 30 days prior to the event.**

I. GENERAL EVENT INFORMATION	
Name of the event	
Location	
Name of Event Organizer	
Name of Responsible event Contact _____	Address:
	Phone:
	Email:
Starting Date	
Set up time	
Ending Date	
Event breakdown time	
Number of Food Facilities	
Number of toilets <small>req: 1 per 40 event attendees</small>	
Number of Handwashing Stations <small>req: 1 per 15 event attendees</small>	
II. FACILITIES	
What is the source of potable water for the event?	
Location of approved liquid waste disposal generated by the food facilities.	Wastewater:
	Grease and Oil:
	Or a statement that vehicles will transport wastewater off site
How will you dispose of garbage and trash from the event	

Business Name	Office Use Only:
Owner's Name	FA
Business Address	PR
Phone Number	Last Insp
Email	AR
Mobile unit <input type="checkbox"/> Yes <input type="checkbox"/> No	INV PD

Business Name	Office Use Only:
Owner's Name	FA
Business Address	PR
Phone Number	Last Insp
Email	AR
Mobile unit <input type="checkbox"/> Yes <input type="checkbox"/> No	INV PD

Business Name	Office Use Only:
Owner's Name	FA
Business Address	PR
Phone Number	Last Insp
Email	AR
Mobile unit <input type="checkbox"/> Yes <input type="checkbox"/> No	INV PD

Business Name	Office Use Only:
Owner's Name	FA
Business Address	PR
Phone Number	Last Insp
Email	AR
Mobile unit <input type="checkbox"/> Yes <input type="checkbox"/> No	INV PD

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Business Address	PR
Phone Number	Last Insp
Email	AR
Mobile unit <input type="checkbox"/> Yes <input type="checkbox"/> No	INV PD

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Phone Number	Last Insp
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Email	AR
Mobile unit <input type="checkbox"/> Yes <input type="checkbox"/> No	INV PD

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Phone Number	Last Insp
Email	AR
Mobile unit <input type="checkbox"/> Yes <input type="checkbox"/> No	INV PD

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Phone Number	Last Insp
Email	AR
Mobile unit <input type="checkbox"/> Yes <input type="checkbox"/> No	INV PD

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