NON-PROFIT COMMUNITY EVENT COORDINATOR
PERMIT APPLICATION

Submit this form with all related documentation to Environmental Health at least 2 weeks prior to the event.

Name of Event: _________________________________________________  Number of Food Vendors: ________

Location of Event: (street, city, zip) ________________________________________________________________

Dates of Operation: ___________________  through  ___________________  Start and End Times: ________________

Event Coordinator Name: _________________________________________   Phone No. ____________________

Email: _________________________________________________________  Day of Event Cell #: ____________________

Non-Profit Organization Name: _____________________________________   Non-Profit Tax ID #: ____________________

The following must be included with the form at time of submittal:

- List of Permitted Food Vendors including food and drink booths, mobile food facilities, cottage food booths and their associated EH permit numbers. Template attached.

- Site Plan indicating the proposed location of the Temporary Food Booths, restrooms, all shared had washing, utensil washing and janitorial facilities, liquid and solid waste disposal, potable water supply and power supplies. Sample Template attached.

- Agreement to Pay form (no fee is required)

*** ALL VENDOR PROCEEDS IN THIS NON-PROFIT EVENT SHALL BE DONATED TO THE NON-PROFIT ORGANIZATION ***

At the event, the following is required from the Event Coordinator:

- Ensure completion of the self-inspection checklist by each vendor
- Assist Environmental Health Department staff to resolve any health related issues
- Take primary responsibility in assisting in language translation, if applicable.

I, __________________________________________ am the Community Event Coordinator for the event listed above. As the coordinator, I understand that all proceeds from the event will be donated to the non-profit organization sponsoring the event. All vendors donate their time, food, and/or beverage and receive no monetary benefit. I also understand that I am responsible for each vendor that serves food and/or beverages at the event to ensure that they follow the CA Retail Food Code for food safety and sanitation (hot & cold food holding temperatures, hand wash stations, restrooms with hot and cold water for hand washing etc.) Ensuring that all CA Retail Food Code requirements are met is the sole responsibility of the Community Event Coordinator.

_________________________________          _________________________________          ____________
                        Event Coordinator Name (Print)                        Event Coordinator Signature                        Date

OFFICE USE ONLY

Date Application Submitted: ________________  Was Application Late?  □ YES  □ NO  If YES, Late fee: $ __________

Fee Amount Required: $______________  Fee Received: ________________  SR No. ________________

Application Approved By: ____________________________________________  Date: ________________
FOOD VENDOR LIST

<table>
<thead>
<tr>
<th>VENDOR NAME</th>
<th>CONTACT</th>
<th>PHONE / EMAIL</th>
<th>Products Sold</th>
<th>Nevada County Facility No. (FA----)</th>
<th>Nevada County Permit No. (PR----)</th>
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SITE PLAN

Name of Event: ________________________________________________

Elements required to be noted: All food vendors and names, locations of bathrooms, hand washing stations, janitorial facilities, liquid and solid waste disposal (trash), potable water, ice and power supply. Please include a north arrow and a cross street. Please indicate where CE coordinator will be located during event.
Elements required to be noted: All food vendors and names, locations of bathrooms, hand washing stations, janitorial facilities, liquid and solid waste disposal, potable water, ice and power supply. Please include a north arrow and a cross street.
AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This Agreement To Pay form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at http://www.mynevadacounty.com

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:        Invoices and/ or notices to be mailed to:

APN: _ _ Name:

Property Owner/Business Name (if applicable): Address:

Address: Telephone:

Email: Email:

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project:

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

________________________________________________________________________

Signature Dated: _______________ CDL# _______________

Tel #: __________________

Printed Name

THIS SECTION FOR OFFICE USE ONLY

Service: __________________ Program: ____________ Job No: ______________

Check #: __________________ Project File #: ____________ Billing Code: __________________

Amount Collected: $_________ Receipt #: ____________ Date of Receipt: __________________

Service: __________________ Program: ____________ Job No: ______________

DPW #: ____________ Project File #: ____________ Billing Code: __________________

Amount Collected: $_________ Receipt #: ____________ Date of Receipt: __________________

Printed on Recycled Paper
EVENT COORDINATOR CHECKLIST
FOR SPECIAL EVENTS

EVENT: _______________________________________________________________

CONCESSION NAME: ____________________________________________________

CONCESSION OWNER: __________________________ PHONE: _______________

<table>
<thead>
<tr>
<th>CHECK LIST REQUIREMENTS</th>
<th>COMPLIES</th>
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<tbody>
<tr>
<td><strong>1. FOOD FACILITY FULLY ENCLOSED</strong></td>
<td>YES</td>
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<tr>
<td>a. Constructed of screening, plastic, canvas, wood or other methods previously approved by EHD.</td>
<td>NO</td>
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<tr>
<td>b. Floor material: cement or asphalt acceptable. Dirt, grass &amp; gravel to be covered with a tarp, plywood, linoleum or other smooth easily cleanable material.</td>
<td>NO</td>
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<tr>
<td>c. If pass through window used, maximum of 216 sq. in. opening.</td>
<td>NO</td>
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<tr>
<td>d. Name, address &amp; telephone number of operator clearly visible to patrons.</td>
<td>NO</td>
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<tr>
<td><strong>2. FOOD STORAGE</strong></td>
<td>YES</td>
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<tr>
<td>a. All foods stored off floor—minimum 6”</td>
<td>NO</td>
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<tr>
<td>b. No food or utensils stored outside the booth.</td>
<td>NO</td>
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<tr>
<td><strong>3. FOOD PROTECTION</strong></td>
<td>YES</td>
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<tr>
<td>a. All food covered or otherwise protected as previously approved by EHD. Sneeze guard required if patrons within 12 inches of food.</td>
<td>NO</td>
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<tr>
<td>b. Condiments to be served from approved dispensing units or prepackaged.</td>
<td>NO</td>
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<tr>
<td><strong>4. HAND WASHING &amp; UTENSIL WASHING FACILITIES (unpackaged food only)</strong></td>
<td>YES</td>
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<tr>
<td>a. Hand washing within facility, minimum 5-gallon water container with valve which leaves hands free for washing; waste container, soap and single use towels.</td>
<td>NO</td>
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<tr>
<td>b. Utensil washing within facility, 3-five gallon containers for cleaning.</td>
<td>NO</td>
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<tr>
<td>1. One 5-gallon container with warm, soapy water to wash utensils.</td>
<td>NO</td>
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<tr>
<td>2. One 5-gallon container with warm water for rinsing</td>
<td>NO</td>
</tr>
<tr>
<td>3. One 5-gallon container with bleach/water solution for sanitizing</td>
<td>NO</td>
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</table>
4. More extensive utensil washing facilities may be required depending on amount of food preparation and washing.

5. TEMPERATURE CONTROL OF POTENTIALLY HAZARDOUS FOODS
   a. Hot foods held at 135°F or above and destroyed at end of the day.
   b. Cold foods held at 45°F or below. If held at 45°F (for a max of 12 hours), destroy at end of the day. 41°F or below are okay to reuse.
   c. Adequate amount of equipment provided to hold hot and cold foods at required temperatures. **No chafing dishes**
   d. A calibrated metal probe thermometer for checking temperature of potentially hazardous foods.

6. ICE AND ICE CONTAINERS
   a. Ice kept clean & free of contamination.
   b. Refrigeration ice not used for beverage service.
   c. Ice scoop used for portioning ice.

7. TRANSPORTATION OF PREPARED FOODS
   a. Food stored in washable containers and tightly covered.
   b. Insulated containers maintain hot food 135°F or above.
   c. Insulated containers maintain cold food at 41°F or below.

8. LIQUID WASTE
   Waste water from sinks and other equipment disposed in the sanitary sewer, not to be dumped on ground or in storm drains.

9. REFUSE STORAGE & REMOVAL
   Garbage cans provided in booth.

10. OPEN AIR BARBEQUE
    a. Adjacent to temporary food facility and protected from public exposure and dust.
    b. No outdoor food preparation.

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**Inspection conducted by: ____________________________ Date: _____________**