



**COUNTY OF NEVADA  
COMMUNITY DEVELOPMENT AGENCY**

Trisha Tillotson, Agency Director

**ENVIRONMENTAL HEALTH DEPARTMENT**

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http://mynevadacounty.com

**NON-PROFIT WINE WALK 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** – Food vendors can use their existing food permits to participate in a non-profit wine walk event. *Template attached.*
- List of Wineries and Breweries**– wineries and breweries do not require an Environmental Health permit to participate in a non-profit wine walk event. *Template attached*
- Site Plan** indicating the proposed location of the food vendors, beer & wine vendors, restrooms, hand 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: \$ \_\_\_\_\_*

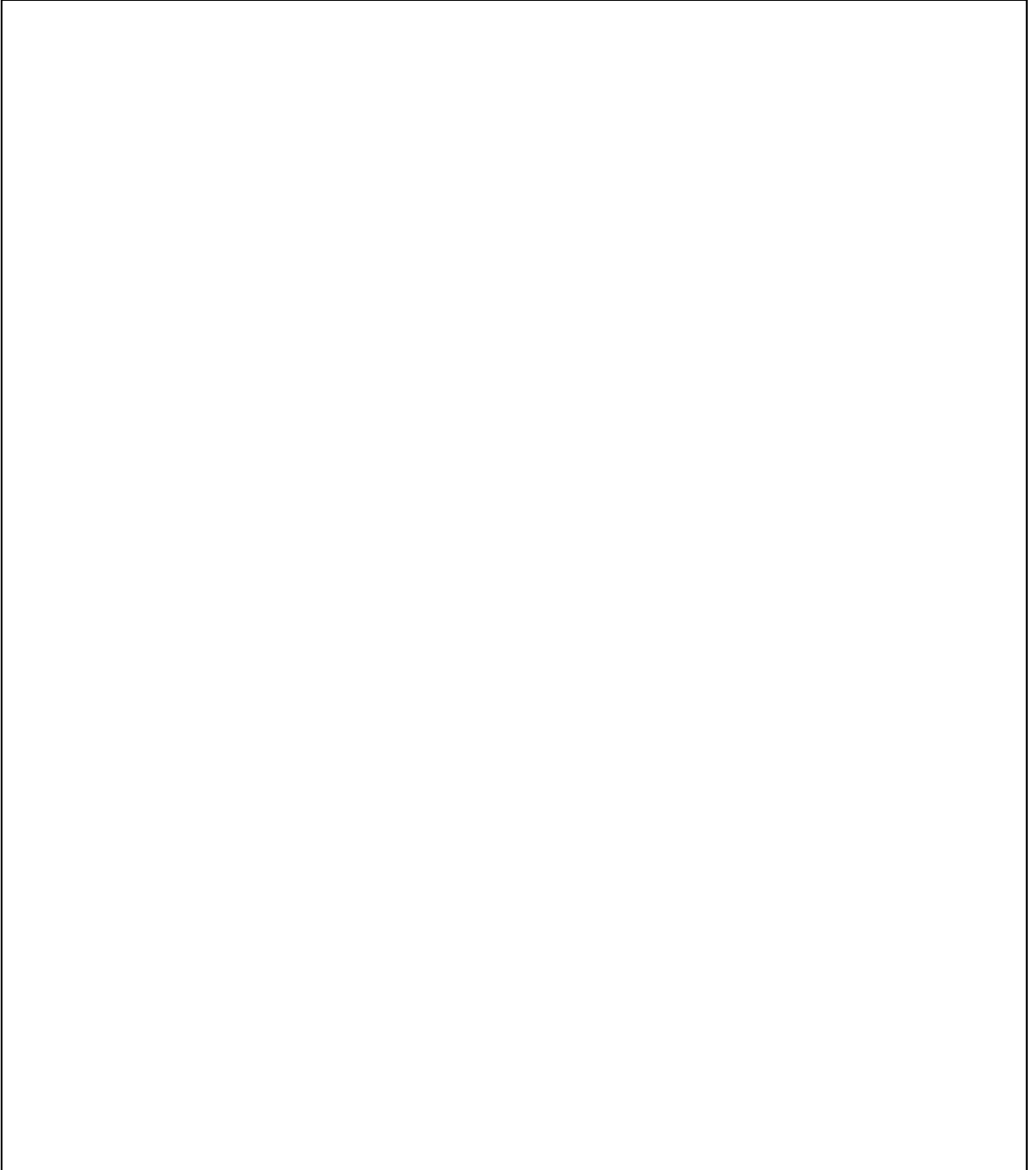
Fee Amount Required: \$ \_\_\_\_\_ Fee Received: \_\_\_\_\_ SR No. \_\_\_\_\_

Application Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

# SITE PLAN

Name of Event: \_\_\_\_\_

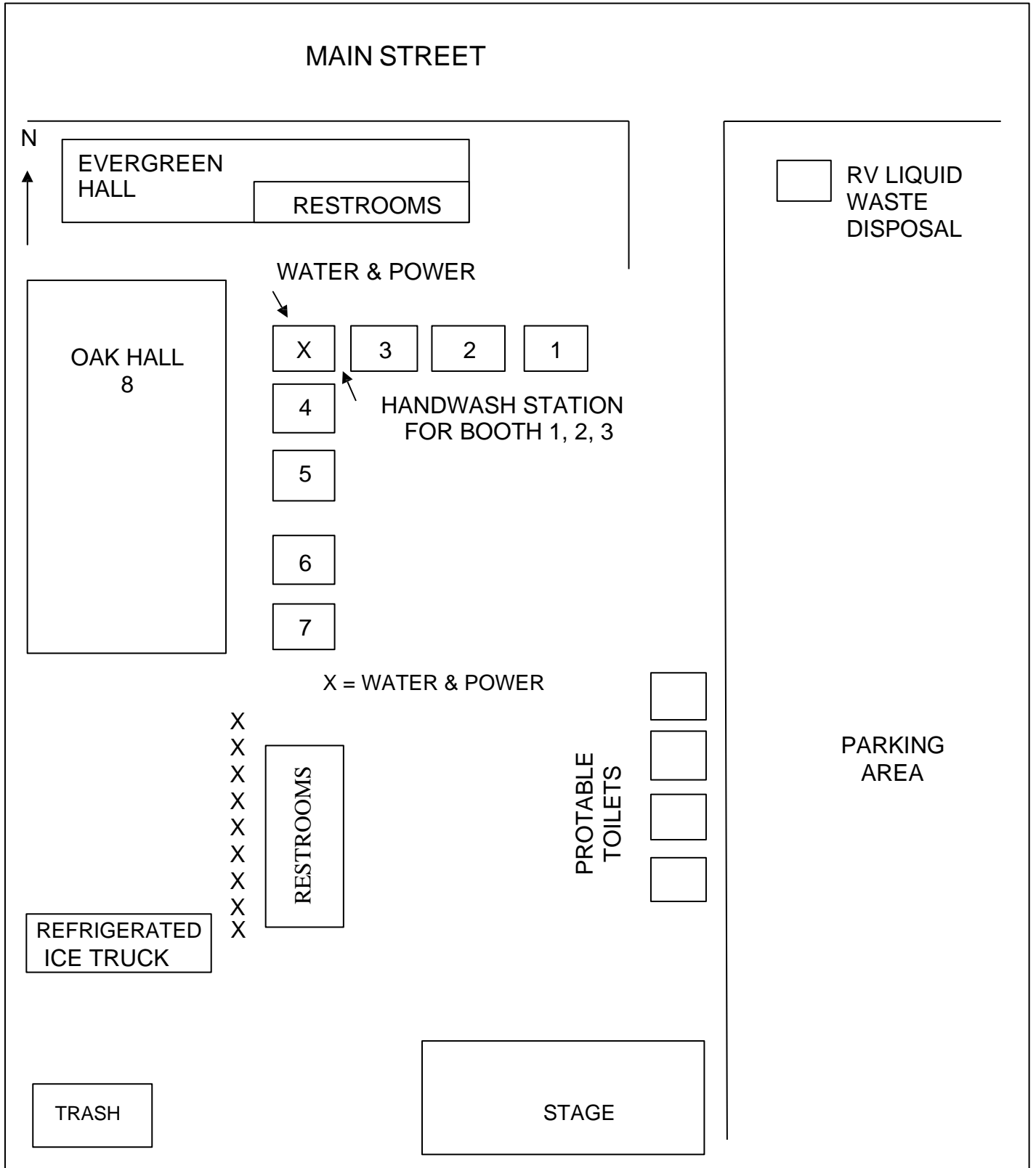
Elements required to be noted: All food/drink vendors and names, locations of bathrooms, hand washing stations, janitorial facilities, liquid and solid waste disposal (trash), potable water, ice and power supply. Please include a north arrow and a cross street. Please indicate where CE coordinator will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

A large, empty rectangular box with a thin black border, intended for drawing the site plan. It occupies the majority of the page below the instructions.

# EXAMPLE 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, potable water, ice and power supply. Please include a north arrow and a cross street.





**COUNTY OF NEVADA**  
**COMMUNITY DEVELOPMENT AGENCY**  
 950 MAIDU AVENUE, SUITE 170, NEVADA CITY, CA 95959-8617  
 PH: (530) 265-1222 FAX: (530) 265-9854 <http://www.mynevadacounty.com>

Agricultural Commissioner

Building Department

Environmental Health

Planning Department

Dept. of Public Works

**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.*

\_\_\_\_\_  
Printed Name

Dated: \_\_\_\_\_

CDL# \_\_\_\_\_

\_\_\_\_\_  
Signature

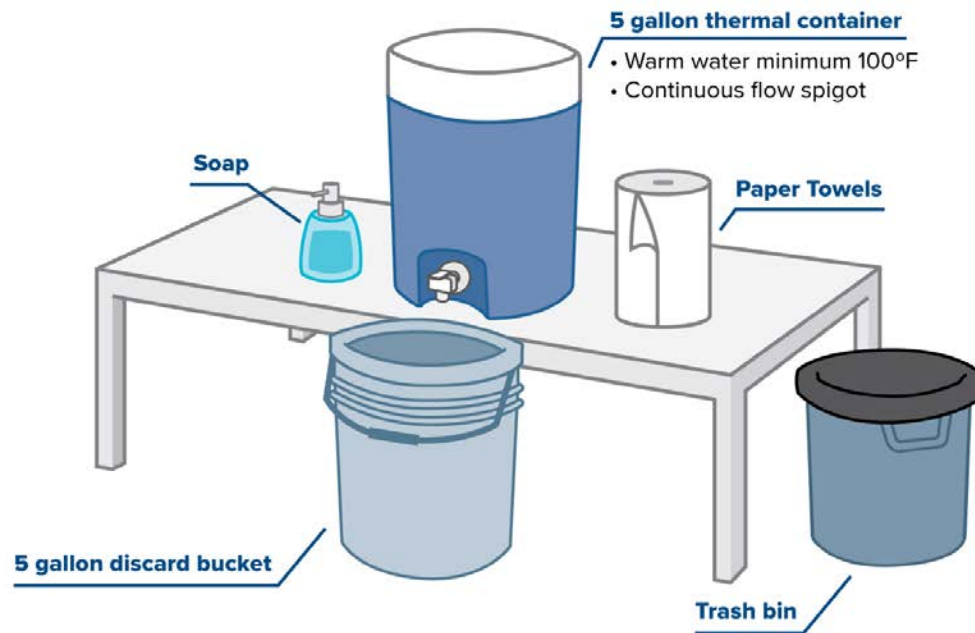
**THIS SECTION FOR OFFICE USE ONLY**

Service: _____	Program: _____	Job No: _____
Amount: \$ _____	Check #: _____	Receipt #: _____
Date of Receipt: _____		
Service: _____	Program: _____	Job No: _____
Amount: \$ _____	Check #: _____	Receipt #: _____
Date of Receipt: _____		





## Hand Wash Station



## 3-Step Ware Wash Station

