



# SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

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HEALTH OFFICER

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PUBLIC HEALTH SERVICES  
*Healthy People in Healthy Communities*

## TEMPORARY FOOD PERMIT APPLICATION

- FEES ARE NON-REFUNDABLE
- APPLICATIONS MUST BE SUBMITTED (2) WEEKS PRIOR TO THE EVENT.
- APPLICATIONS NOT RECEIVED (2) WEEKS PRIOR TO THE EVENT **WILL BE SUBJECT TO A \$54.00 LATE FEE**
- APPLICATIONS RECEIVED WITHIN (3) DAYS OF THE EVENT **MAY NOT** BE ISSUED A PERMIT.
- APPLICATIONS SHALL BE ACCCOMPANIED BY THE APPLICABLE FEE.
- FAXED APPLICATIONS WILL NOT BE ACCEPTED.
- **HOME PREPARED OR STORED FOODS ARE NOT ALLOWED**

### LENGTH OF OPERATION (CONSECUTIVE DAYS) **CHECK ONE BELOW:**

<input type="checkbox"/> 1-2 DAYS \$124.00	<input type="checkbox"/> 1-2 DAYS DEMO/FREE SAMPLE \$110.00	<input type="checkbox"/> CFM 1-4 MO \$124.00
<input type="checkbox"/> 3-4 DAYS \$248.00	<input type="checkbox"/> 3-4 DAYS DEMO/FREE SAMPLE \$134.00	<input type="checkbox"/> CFM 5-8 MO \$250.00
<input type="checkbox"/> 5-7 DAYS \$296.00	<input type="checkbox"/> 5-7 DAYS DEMO/FREE SAMPLE \$223.00	<input type="checkbox"/> CFM 9-12 MO \$274.00
<input type="checkbox"/> 8-25 DAYS \$344.00	<input type="checkbox"/> 8-25 DAYS DEMO/FREE SAMPLE \$300.00	<input type="checkbox"/> NON-PROFIT \$124.00
<input type="checkbox"/> ANNUAL \$442.00	<input type="checkbox"/> PRE PACKAGED/WATER \$62.00	<input type="checkbox"/> LATE FEE \$54.00

NAME OF COMMUNITY EVENT \_\_\_\_\_

NAME OF COMMUNITY ORGANIZER \_\_\_\_\_

LOCATION \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_ SET UP TIME \_\_\_\_\_

NAME OF TEMP FOODFACILITY/BOOTH \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

### TYPE OF FOOD PREPARATION FACILITY (CHECK ONE)

FULLY SCREENED IN BOOTH  OTHER (ATTACH EXPLANATION)

### FOOD/BEVERAGE ITEMS TO BE SOLD/GIVEN AWAY

\_\_\_\_\_

### METHOD OF FOOD HANDLING AND STORAGE OF RAW FOODS

\_\_\_\_\_

### METHOD OF HANDLING AND STORAGE OF COOKED/PREPARED FOODS

\_\_\_\_\_

I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE "REQUIREMENTS FOR TEMPORARY FOOD FACILITIES" - (CRFC 114335-114363)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NOTE: ALL ITEMS MUST BE COMPLETED. UNANSWERED PORTIONS WILL BE RETURNED FOR COMPLETION WHICH WILL DELAY YOUR HEALTH PERMIT.

**PUBLIC HEALTH  
SERVICES**  
439 Fourth Street  
Hollister, CA 95023  
831-637-5367

**MEDICAL THERAPY  
UNIT**  
761 South Street  
Hollister, CA 95023  
831-637-1989

**ENVIRONMENTAL  
HEALTH SERVICES**  
351 Tres Pinos Rd., Ste C-1  
Hollister, CA 95023  
831-636-4035

**HEALTH EDUCATION  
PROGRAMS**  
439 Fourth Street  
Hollister, CA 95023  
831-637-5367