



# SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

DAVID GHILARDUCCI, MD, FACEP  
INTERIM HEALTH OFFICER

TRACEY BELTON  
AGENCY DIRECTOR

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"/> LATE FEE \$54.00
<input type="checkbox"/> ANNUAL \$442.00	<input type="checkbox"/> PRE PACKAGED/WATER \$62.00	

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 ITEMSTO 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  
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