



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

Community Event Organizer's Permit Application

(Fees are not refundable)

Date: _____ Fees: _____ Community Event Organizer - **\$201.00**
_____ CEO FARMER'S MARKET - **\$589.00**
_____ Public Assembly per Toilet (**\$2.00**)
_____ Late fee **\$54.00**

A site plan shall accompany this application. This site plan shall consist of the following information:

- Name, address, phone, and location of temporary food facility's operator
- Number and location of restrooms
- Estimated attendance
- Number and location of hand washing units
- Number and location of shared utensil washing and/or janitorial units

The applicant shall comply with the California health and Safety Code, Article 13 (Temporary Food Facility), commencing with section 114310. Application for this permit shall be made a **MINIMUM of two weeks prior to the event**. Name, address, and phone number of each concessionaire shall accompany this form.

Name of event: _____

Date and Time of event: _____ Location of event: _____

Name of organizer: _____

Mailing address: _____

Phone number: _____ Fax number: _____

Total number of people expected: _____ Total number of portable toilets: _____

Number of portable toilets with hand washing: _____ Total number of food booths: _____

Name of public water system providing water: _____

Method of Liquid Waste collection and disposal: _____

Method of solid waste collection and disposal: _____

I assert that I am the person or representative of the organization stated above, and that I agree that I am responsible for compliance with the California Health and Safety Code, Article 13 (Temporary Food Facility), commencing with section 114310.

Signature: _____ Date: _____