



Mariposa County Environmental Health



Public Health
Prevent. Promote. Protect.

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COMMUNITY EVENT FOOD ORGANIZER APPLICATION

Directions: This application must be completed and submitted to this office by the event organizer at least **two weeks prior to the event along with the applicable fee. Provide all information requested, incomplete applications may delay approval.**

EVENT	1. NAME OF EVENT		
	2. LOCATION OF EVENT		3. CITY
	4. DATES OF OPERATION		5. HOURS OF OPERATION

ORGANIZER	6. SPONSORING ORGANIZATION			
	7. CONTACT PERSON			
	8. MAILING ADDRESS		9. CITY	10. STATE
	11. ZIP	12. EMAIL	13. PHONE #	14. CELLPHONE #

WHO	15. EXPECTED ATTENDANCE		16. NUMBER OF FOOD VENDORS/BOOTHES	
	17. MAJORITY OF EXPECTED ATTENDEES' AGE <input type="checkbox"/> <7 YEARS OLD <input type="checkbox"/> GENERAL POPULATION <input type="checkbox"/> >50 YEARS OLD		ATTACH A COMPLETED COMMUNITY EVENT FOOD VENDOR APPLICATION FOR EACH BOOTH.	

FACILITIES	17a. WILL POTABLE WATER FROM AN APPROVED SOURCE BE PROVIDED TO THE FOOD VENDORS? <input type="checkbox"/> YES, (source: _____) <input type="checkbox"/> NO		17b. WILL POTABLE ICE FROM AN APPROVED SOURCE BE PROVIDED TO THE FOOD VENDORS? <input type="checkbox"/> YES, (source: _____) <input type="checkbox"/> NO	
	18. WILL TOILET FACILITIES BE PROVIDED FOR FOOD WORKERS? <input type="checkbox"/> YES: # _____ permanent / portable <input type="checkbox"/> NO CHAPTER 11: Section 114359. Toilet facilities (a) At least one toilet facility for each 15 EMPLOYEES shall be provided within 200 feet of each TEMPORARY FOOD FACILITY.			
	19. WILL ELECTRICITY BE PROVIDED FOR EACH FOOD VENDOR? <input type="checkbox"/> YES: # _____ <input type="checkbox"/> NO			
	20. ARE JANITORIAL FACILITIES AVAILABLE? <input type="checkbox"/> YES: # _____ <input type="checkbox"/> NO METHOD OF DISPOSAL OF LIQUID WASTE FOR FOODBOOTHES: _____			
	21. WILL GARBAGE DISPOSAL DUMPSTERS/CANS BE AVAILABLE? <input type="checkbox"/> YES: # _____ <input type="checkbox"/> NO NAME OF GARBAGE DISPOSAL COMPANY (if applicable): _____			

I, _____, have read the Community Event guidelines and understand what is expected of me to operate my community event. I have provided all required attachments (specified on page 2).

Organizer's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:		<input type="checkbox"/> PAID: \$ _____	TE#: _____
		<input type="checkbox"/> EXEMPT: _____	
APPROVED: _____		Date: _____	

COMMUNITY EVENT SITE PLAN

Provide a diagram of the layout of the event indicating the following:

- FOOD VENDORS (please # them)
- ROADS (provide names)
- RESTROOMS
- WATER SOURCE(S)

- JANITORIAL FACILITIES
- GARBAGE AREAS
- OTHER: _____

EVENT NAME:

EVENT DATES:

Note: This diagram does not have to be drawn to scale, but linear measurements must be provided for restroom distances from food vendors.



Use symbols below



Food Vendor as listed



Garbage Area



Water Source(s)



Restroom Facilities



Janitorial Facilities (to dump wastewater)