



# MONTEREY COUNTY HEALTH DEPARTMENT

## EVENT ORGANIZERS

### I. COMMUNITY EVENT/TEMPORARY FOOD FACILITY INFORMATION

- Guidelines for Event Organizer.
- Event Sponsor Application. *(to be submitted to Environmental Health at least 30 days prior to event date)*
- List of Participating Food Vendors. *(Final List to be submitted 10 business days prior to event date)*

I have received and read the requirements for a special event to be held in Monterey county. I understand, as the special event organizer, I am responsible for all aspects of the event including but not limited to timely and proper submission for all vendor applications with approved vendor list. Cancellation of event may result in a forfeit of fee refund. Any violations relating to the event will result in fees to be billed to the organizer.

\_\_\_\_\_  
Organizer signature

\_\_\_\_\_  
Date

The following information is available online at [www.mtyhd.org](http://www.mtyhd.org):

- Current Event Sponsor and Temporary Food Permit fee schedule.
- General Information for Food and Beverage Personnel.
- Requirements for Temporary Food Facilities.
- Food Booth Construction Standards
- Handwashing and Utensil – Washing Requirement.
- Polystyrene Ordinance fact sheet and vendor list.



# MONTEREY COUNTY HEALTH DEPARTMENT

## REQUIREMENTS FOR EVENT ORGANIZERS

The Health and Safety Code for the State of California states that the Organizer of a Community Event, which involves Temporary Food Facilities, must obtain an Event Organizer health permit.

*Please submit the following at least 30 days prior to the event:*

1. A completed Event Organizer Application including the name and contact information for an event organizer representative who is available during the event.
2. **Provide a Site map of the event area(s)** showing all the following:
  - a). Location of and identification of all food facilities.
  - b). Location of all toilet and *handwashing* facilities available to the food facilities. They must be within 200 feet of all Temporary Food Facilities.
  - d). Location of all garbage and refuse containers to be used by the food facilities.
  - e). Location of the approved liquid waste disposal or storage facilities for:
    - 1) Wastewater.
    - 2) Grease and Oil.
    - 3) Or a statement that vehicles will transport waste water off site.
  - g.) Statements as to the source of the water to be used by the temporary food facilities and the location of water hook ups.
3. A list of all persons (including their address, email and telephone number) who will be selling or giving food away (samples) at the event. Final list due 10 days prior to date of event. Ensure all food vendors have a valid health permit or application prior to the event. If you have any questions regarding this information, please contact:

Monterey County Health Department  
Environmental Health Bureau

1270 Natividad Road  
Salinas, CA 93906  
Telephone (831) 755-4508  
Fax: (831) 796-8692

1200 Aguajito Rd, Rm 007  
Monterey, CA 93940  
Telephone (831) 647-7654  
Fax: (831) 647-7925

200 Broadway, Ste 70  
King City, CA 93930  
Telephone: (831) 386-6899  
Fax (831) 385-0573

**MONTEREY COUNTY HEALTH DEPARTMENT**  
**Event Organizer Permit Application**  
**and**  
**List of Event Participants**

Please complete the following form and attach all information requested to the Monterey County Health Department *no later than ten (10) working days prior to the event.*

**I. GENERAL INFORMATION**

1. Name of the event: \_\_\_\_\_  
\_\_\_\_\_
2. Location of event: \_\_\_\_\_  
\_\_\_\_\_
3. Name of Event Organizer: \_\_\_\_\_
4. Responsible Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email : \_\_\_\_\_
5. Starting Date: \_\_\_\_\_ Set upTime: \_\_\_\_\_  
Ending Date: \_\_\_\_\_ Ending Time: \_\_\_\_\_
6. Number of Food Facilities: \_\_\_\_\_
7. Number of toilets (req: 1 per 40 event attendees): \_\_\_\_\_
8. Number of Handwashing Stations: \_\_\_\_\_

**II. FACILITIES**

- A. What is the source of potable water for the event? \_\_\_\_\_  
\_\_\_\_\_
- B. How will the liquid waste generated by the food facilities be disposed of?
  - 1). Wastewater: \_\_\_\_\_  
\_\_\_\_\_
  - 2). Grease and Oil \_\_\_\_\_  
\_\_\_\_\_
- C. How will you dispose of garbage and trash from the event? \_\_\_\_\_  
\_\_\_\_\_

**III. PROVIDE A LIST OF ALL PERSONS OR GROUPS ENGAGING IN FOOD SALES AND/OR FOOD SAMPLES AT THE EVENT. PLEASE IDENTIFY VENDORS WHO HAVE MOBILE UNITS. ANY CHANGES TO VENDORS MUST BE REPORTED PRIOR TO EVENT.**

<p>1. Business Name: _____</p> <p>Owners Name: _____</p> <p>Business Address: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>	<p><u>Office Use Only:</u>          Package Rec'd: _____          Date Paid: _____  <u>Annual</u>          FA _____          PR _____          Last Insp: _____</p>
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<p>2. Business Name: _____</p> <p>Owners Name: _____</p> <p>Business Address: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>	<p><u>Office Use Only:</u>          Package Rec'd: _____          Date Paid: _____  <u>Annual</u>          FA _____          PR _____          Last Insp: _____</p>
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<p>3. Business Name: _____</p> <p>Owners Name: _____</p> <p>Business Address: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>	<p><u>Office Use Only:</u>          Package Rec'd: _____          Date Paid: _____  <u>Annual</u>          FA _____          PR _____          Last Insp: _____</p>
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<p>4. Business Name: _____</p> <p>Owners Name: _____</p> <p>Business Address: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>	<p><u>Office Use Only:</u>          Package Rec'd: _____          Date Paid: _____  <u>Annual</u>          FA _____          PR _____          Last Insp: _____</p>
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<p>5. Business Name: _____</p> <p>Owners Name: _____</p> <p>Business Address: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>	<p><u>Office Use Only:</u>          Package Rec'd: _____          Date Paid: _____  <u>Annual</u>          FA _____          PR _____          Last Insp: _____</p>
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6. Business Name: \_\_\_\_\_  
Owners Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

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Owners Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
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Owners Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
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Owners Name: \_\_\_\_\_  
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Owners Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
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Owners Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
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12. Business Name: \_\_\_\_\_  
Owners Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
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13. Business Name: \_\_\_\_\_  
Owners Name: \_\_\_\_\_  
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14. Business Name: \_\_\_\_\_  
Owners Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

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15. Business Name: \_\_\_\_\_  
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16. Business Name: \_\_\_\_\_  
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17. Business Name: \_\_\_\_\_  
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