



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY

P. O. BOX 129261, SAN DIEGO, CA 92112-9261

PHONE: (858) 505-6809 FAX: (858) 999-8920

FHDTempEvents@sdcounty.ca.gov

TEMPORARY EVENT VENDOR PERMIT APPLICATION

| APPLICANT INFORMATION | | | |
|--|------------------------------|-------------------------------|-------------------------|
| Food Booth Name: | | Applicant Name: | |
| Mailing Address (required): | | City, State (required): | Zip (required): |
| Email Address (required): | | Phone Number (required): | |
| PERSON IN CHARGE DAY OF THE EVENT INFORMATION (Check here if same as applicant <input type="checkbox"/>) | | | |
| Name (required): | Email Address (required): | Cell Phone Number (required): | |
| OWNER INFORMATION (Check here if same as applicant <input type="checkbox"/>) | | | |
| Name (required): | Email Address (required): | Phone Number (required): | |
| Ocean Beach MainStreet Association | tracy@oceanbeachsandiego.com | 619-224-4906 | |
| Mailing Address (required): | | City, State (required): | Zip (required): |
| 1868 Bacon St., Ste. A | | San Diego, CA | 92107 |
| Type of Ownership (required): <input type="checkbox"/> Corporation <input type="checkbox"/> Government Agency <input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Owner | | | |
| If you are part of a Community Event, provide CEP record number: _____ | | | |
| If you are a Non-Profit, provide: Non-Profit Name <u>OB Mainstreet Assoc.</u> 501(c) number <u>33-0185092</u> | | | |
| Are you claiming a Veteran's Exemption? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No *If yes, read our FAQs document and fill-out the Veteran's Exemption Affidavit Form . | | | |
| BILLING CONTACT INFORMATION (Check here if same as applicant <input checked="" type="checkbox"/>) | | | |
| Name (required): | Email Address (required): | Phone Number (required): | |
| Mailing Address (required): | | City, State (required): | Zip (required): |
| <p>We are committed to enhancing communication and services to our customers. In support of this effort, we are seeking information on the primary languages spoken by you and your staff. This information will allow FHD to continue to translate various applications and informational materials.</p> <p>Preferred Language: <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese – Cantonese <input type="checkbox"/> Chinese – Mandarin <input checked="" type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Karen <input type="checkbox"/> Korean <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____</p> <p>Preferred Secondary Language: <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese – Cantonese <input type="checkbox"/> Chinese – Mandarin <input type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Karen <input type="checkbox"/> Korean <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____</p> | | | |
| EVENT INFORMATION | | | |
| Temporary Event Name: | | Event Start Date: | Event End Date: |
| Ocean Beach Street Fair & Chili Cook-Off | | June 28, 2025 | June 28, 2025 |
| Days and Hours of Operation: | | | # of Days in Operation: |
| Saturday June 28, 2025 6:00am - 3:00pm | | | 1 |
| Event Location (Address): | | City, State: | Zip: |
| Foot of Newport Ave in the grassy area adjacent to Veterans Plaza | | San Diego, CA | 92107 |

APPENDIX B

MENU

(List all food/beverage items, including toppings, garnishes, and prepackaged foods).

| FOOD/BEVERAGE | HOW SERVED | MADE TO ORDER | PREP AT COMMISSARY | PREP AT EVENT | SAMPLING | DESCRIBE PREPARATION METHOD |
|---------------|---|------------------------------|------------------------------|------------------------------|------------------------------|--|
| Chili | <input checked="" type="checkbox"/> HOT <input type="checkbox"/> COLD | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | This is a contest. Samples will be provided to the judges and to the public. |
| | <input type="checkbox"/> HOT <input type="checkbox"/> COLD | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | |
| | <input type="checkbox"/> HOT <input type="checkbox"/> COLD | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | |
| | <input type="checkbox"/> HOT <input type="checkbox"/> COLD | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | |
| | <input type="checkbox"/> HOT <input type="checkbox"/> COLD | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | |
| | <input type="checkbox"/> HOT <input type="checkbox"/> COLD | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | |
| | <input type="checkbox"/> HOT <input type="checkbox"/> COLD | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | |
| | <input type="checkbox"/> HOT <input type="checkbox"/> COLD | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | |
| | <input type="checkbox"/> HOT <input type="checkbox"/> COLD | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | |
| | <input type="checkbox"/> HOT <input type="checkbox"/> COLD | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | |
| | <input type="checkbox"/> HOT <input type="checkbox"/> COLD | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | |
| | <input type="checkbox"/> HOT <input type="checkbox"/> COLD | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | <input type="checkbox"/> YES | |

EVENT VENDOR ACKNOWLEDGEMENTS

As the Temporary Food Facility owner/operator, you acknowledge that you understand your roles and responsibilities by initialing the following statements.

| | | |
|-------|----|--|
| _____ | 1 | <p>Single Event Vendors – I acknowledge that all food and beverage preparation will be done on-site at the event, or I will be preparing food off-site ONLY at a permitted food facility (no home preparation is allowed).</p> <p>Annual Event Vendors – I acknowledge that any food preparation conducted off-site will be at my approved commissary location. I will complete and submit a Commissary Letter of Agreement</p> |
| _____ | 2 | All potentially hazardous cold foods or beverages shall be held at or below 45°F at all times, including during transportation. Any food held between 42°F and 45°F must be discarded at the end of the day. Any food held at or below 41°F may be returned to the commissary at the end of the event. |
| _____ | 3 | All potentially hazardous hot foods shall be held at or above 135°F at all times and must be discarded at the end of the day. |
| _____ | 4 | Rapid reheating/cooking devices (e.g., flat grill, BBQ) must be available and capable of reheating food to 165°F within two hours. Steam tables, heat lamps, and crockpots are not designed for rapid reheating. |
| _____ | 5 | Hot-holding devices (e.g., steam table, heat lamp) must be capable of holding hot foods at or above 135°F at all times. |
| _____ | 6 | A probe thermometer for checking internal food temperatures must be on-site and available for use at all times. |
| _____ | 7 | A handwashing station with warm water (100-108°F), a hands-free spigot providing a continuous stream of water that leaves both hands free for vigorous rubbing, dispensed soap, paper towels. A catch basin is required to be set up within the food preparation area and easily accessible for use before beginning any food preparation and must be maintained supplied throughout the event. |
| _____ | 8 | All food handlers have been trained in food safety. For annual vendors: A Food Safety Manager course has been completed, and a copy of the certificate is provided with this application. |
| _____ | 9 | All booths must have overhead protection, and open food preparation areas must be fully enclosed to protect the food from outside contamination. |
| _____ | 10 | A smooth and easily cleanable floor will be used if the booth is located on dirt or grass (booths located on asphalt/concrete do not require additional flooring). |
| _____ | 11 | The application must be received at least 14 days before the event. All late applications will be assessed a late fee at the time of processing. I understand a supplemental fee will be invoiced, in addition to the required permit fee, if the application submittal and/or modifications to the original application are submitted less than 14 days before the event start date. Modifications include, but are not limited to, correcting incomplete applications or changes to the menu, participating vendors, warewashing facilities. |
| _____ | 12 | No ill employees will be working with food, food contact surfaces, or equipment. |
| _____ | 13 | I understand that failure to meet the conditions approved in this application may result in the suspension of approval to operate the event, suspension of the approval to operate the affected food booths, and/or may result in the filing of misdemeanor charges. <i>California Retail Food Code Section 114395.</i> |
| _____ | 14 | I understand that I am responsible for obtaining approval from all applicable agencies, including the local fire department, planning department and Alcohol Beverage Control. |

15

I understand that I will be charged up to three times the permit fee if found operating without a valid health permit. I understand that permits are non-transferable.

Print Name: _____ Title: _____

I declare under penalty of perjury that to the best of my knowledge and belief, the statements made herein are correct and true. I consent to all necessary inspections made according to law and incidental to the issuance of this permit and the operation of this business. I understand and hereby consent to any information I provide on this permit application to be considered a public record subject to disclosure under the California Public Records Act.

X

Applicant Signature

Date