

COUNTY OF SAN LUIS OBISPO HEALTH AGENCY ENVIRONMENTAL HEALTH SERVICES DIVISION

2156 Sierra Way STE. B, San Luis Obispo, CA 93401 PO Box 1489, San Luis Obispo, CA 93406 Phone: (805) 781-5544 Fax: (805)781-4211

Email: ehs@co.slo.ca.us

COMMUNITY EVENT AND SWAP MEET ORGANIZER

The California Retail Food Code, California Health and Safety Code §114381.1 states that in addition to the permit issued to each food facility participating in a Community Event or Swap Meet, a permit shall be obtained by the person or organization responsible for facilities that are shared by two or more food facilities.

A "Community Event" means an event conducted for not more than 25 consecutive or nonconsecutive days in a 90-day period and that is of civic, political, public, or educational nature, including state and county fairs, city festivals, circuses, and other public gathering events approved by the local enforcement agency.

A "Swap Meet", including flea markets and open-air markets, means an event at which two or more persons offer merchandise for sale or exchange where either a fee is charged for the privilege of offering or displaying merchandise for sale or exchange, or a fee is charged to prospective buyers for parking or for admission to the area where merchandise is offered or displayed for sale or exchange, or the event is held more than six times in any 12 month period.

Event Organizer Requirements

At least one toilet facility for each 15 employees shall be provided within 200 feet of each temporary food facility. Each toilet facility shall be provided with approved handwashing facilities.

An adequate potable water supply shall be provided and protected with a backflow or back siphonage protection device. Exposed piping of a non-potable water system shall be identified so that it is readily distinguishable from piping that carries potable water. Any hose used for conveying potable water shall be constructed of nontoxic materials, shall be used for no other purpose, and shall be clearly labeled as to its use. The hose shall be stored and used so as to be kept free of contamination.

A warewashing sink may be shared by no more than four temporary food facilities that handle non-prepackaged food if the sink is centrally located and is adjacent to the sharing facilities. Liquid waste shall be disposed of through the approved plumbing system and shall discharge into the public sewerage or into an approved private sewage disposal system.

Each food facility shall be provided with any facilities and equipment necessary to store or dispose of all waste material. Waste receptacles shall be provided for use by consumers. A receptacle shall be provided in each area of the food facility or premises where refuse is generated or commonly discarded, or where recyclables or returnables are placed.

Receptacles and waste handling units for refuse and recyclables shall be installed so that accumulation of debris and insect and rodent attraction and harborage are minimized and effective cleaning is facilitated around and, if the unit is not installed flush with the base pad, under the unit.

The completed permit application on the back of this page and a site plan must be submitted to Environmental Health Services at least two weeks prior to operation of any food facility. The site plan shall show the proposed locations of the food facilities, restrooms, refuse containers, potable water supply faucets, waste water disposal facilities, and all shared warewashing and handwashing facilities.



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Community Event Organizer Permit Application

Community Event Informa	ation					
Event Name:				_		
Location:						
Name (e.g. Mission Park) Start Date:	Address End Date:	City	Daily Hayres	Zip		
Setup Date:	Setup Time:	Duratio	on of Event:			
Expected Number of Attendees:		Expected Number o	f Food Vendors:			
Vendors' Wastewater Disposal Lo	cation:					
Garbage/Waste Storage and Disp	osal Location:					
Event Organizer Informati Organizer/Company Name:	on					
☐ Event Benefits a Nonprofit/Ch	aritable Organization	Charitable Organization	Name:			
☐ Organization 501C Form or Fee Exemption Declaration is Attached (required) Tax ID Number:						
Contact Name:						
Phone Number(s):						
Address Fmail Address		City	St	Zip		
Event On-Site Contact Info	ormation					
On-Site Contact Name(s):						
Phone Number:						
Email Address:						

THIS IS NOT A PERMIT TO OPERATE.

Obtain An Approved Copy Of This Application From Environmental Health Services Before Operating.

FOR OFFICE USE ONLY							
DATE RECEIVED	RECEIVED BY	ASSIGNED TO	ENTERED I	BYENTERED DAT	ΓE		
PE# <i>P</i>	AMOUNT DUE	AMOUNT PAID	CHECK OR CC AUTH	l #	CASH]	
NONPROFIT TAX ID # VERIFIED (INITIAL)			VETERAN EXEMPT	PAPERWORK ATTACHED	YES	NO	
PR#	SR#	FA#	IN\	/OICE NUMBER			
INSPECTOR APPROV	/ED			DATE			
REVII				TE:			



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DECLARATION FOR FOOD FACILITY EXEMPTION AT COMMUNITY EVENTS

(COMPLETE ONLY IF REQUESTING A PERMIT EXEMPTION)

APPLICANT/EVENT ORGANIZER INFOR	MATION		,	
Name of Applicant/Event Organizer:			Pho	ne Number:
Business Address:		City:	State	e: Zip:
Billing Address:		City:	State	e: Zip:
Email:		•	•	•
DETAILS OF EVENT				
Name of Event:				
Date(s) of Event: From	T .	Operating Hours:	_	_
Event: From Site Address:	То	City:	From	To Zip:
DECLARATION OF EVENARTION				
DECLARATION OF EXEMPTION				
This declaration is to affirm that				requesting exemption from
State Law rea	<i>Name of Organ)</i> quirements for Temporary	ization or for-profit entity		CT ONE).
State Law Feb	FOR-PROFIT FOOD VEN	-	-	er onej.
Section 113789(c)(4) of the Califo				
A for-profit entity that gives or sel Event occurs not more than 3 days	s food at an event for the ben	efit of a nonprofit associat	ion. For-profit entity	y receives <u>no monetary benefit</u> .
For the benefit of				
		Nonprofit Association)		
I certify that the above is true and cor named for-profit entity will receive	· · · · · · · · · · · · · · · · · · ·	=		
Signature:				Date:
Print Name:	Title:		Cell Phone Numb	er:
	NON-PROFIT TEMPO	RARY FOOD FACILITY	VENDOR	
Section 113789 (c)(3) of the Calif A church, private club, or other non a 90-day period. For the benefit of	profit association that gives o		and guests only. Ev	ent occurs not more than 3 days in
	· · · · · · · · · · · · · · · · · · ·	Nonprofit Association)	n	
Costion 112700 (a) (5) of the Coli		EER TASTING VENDO	K	
Premises set aside for wine ar prepackaged non-potentially prepackaged food that is not	nd beer tasting if no other be nazardous beverages is offer	ered for sale and no foo	d, except for crack	kers, pretzels, or
SIGNATURE			·	
l Declare and Certify under po		ove stated facts and attack ode of Civil Procedure.	nments are true and	d correct pursuant to the
Signature:				Date:
Print Name:	Title:		Cell Phone Numb	I ver:
	FOR O	FFICE USE ONLY		
EXEMPTION VERIFIED: YES NO	APPROVED BY:		DATE	Ē:

COMMUNITY EVENT VENDOR LIST

Alcohol vendors pouring their own products only are not required to hold a health permit with Environmental Health Services.

BOOTH NAME	OPERATOR NAME	OPERATOR PHONE#	OPERATOR EMAIL	ALCOHOL SALES ONLY	APPROVED BY INSPECTOR (For office use on

VENDOR EVENT MAP

mit, or draw be	iow, a map of	tne tood ver	naor booth lo	cations at the	e event. (As	applical