



**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/Exempt 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, wastewater disposal facilities, and all shared warewashing and handwashing facilities.



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Community/Exempt Event Organizer Permit Application

Community Event Information

Event Name: _____

Location: _____
Name (e.g. Mission Park) Address City Zip

Start Date: _____ End Date: _____ Daily Hours: _____

Setup Date: _____ Setup Time: _____ Duration of Event: _____

Expected Number of Attendees: _____ Expected Number of Food Vendors: _____

Vendors' Wastewater Disposal Location: _____

Garbage/Waste Storage and Disposal Location: _____

Event Organizer Information

Organizer/Company Name: _____

☐ Event Benefits a Nonprofit/Charitable Organization Charitable Organization Name: _____

☐ Organization 501C Form or Fee Exemption Declaration is Attached (required) Tax ID Number: _____

Contact Name: _____

Phone Number(s): _____

Billing Address: _____
Address City St Zip

Email Address: _____

Event On-Site Contact Information

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 BY _____ ENTERED DATE _____

PE# _____ AMOUNT DUE _____ AMOUNT PAID _____ CHECK OR CC AUTH # _____ CASH ☐

☐ NONPROFIT TAX ID # VERIFIED (INITIAL) ☐ VETERAN EXEMPT PAPERWORK ATTACHED YES NO

PR# _____ SR# _____ FA# _____ INVOICE NUMBER _____

INSPECTOR APPROVED _____ DATE _____

REVIEW

ACTIVE

INSPECTOR INITIALS: _____ DATE: _____