



DATE: _____
PAID: _____
CHECK #: _____
REC'D BY: _____
RECEIPT #: _____
SR# _____

Application for Temporary Food Facility Health Permit

Annual One-Time

- 385 N. Arrowhead Avenue, San Bernardino 92415-0160
- 13911 Park Avenue, Suite 200, Victorville 92392
- 8575 Haven Avenue, Suite 130, Rancho Cucamonga, CA 91730

PHONE _____

APPLICANT MUST FILL IN ALL BLANKS

VENDOR NAME _____

LEGAL OWNER NAME _____

LEGAL OWNER ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER (_____) _____ EMAIL _____

FOR ONE-TIME PERMITS

NAME OF EVENT _____

LOCATION _____

DATES OF EVENT _____

START - STOP TIME _____

SET UP TIME FROM _____ TO _____ / OPEN TO PUBLIC FROM _____ TO _____

EVENT COORDINATOR NAME _____

EVENT COORDINATOR PHONE NUMBER _____

TO BE COMPLETED BY OFFICE STAFF WHEN ANNUAL APPLICATION IS TAKEN

*FACILITY ID # _____ PROGRAM ELEMENT # _____ CONTRIBUTOR # _____

*GHP # _____ CITY CODE # _____ DESIGNATED EMPLOYEE # _____

OWNER ID # _____ EXP DATE _____ DISTRICT # _____

*Leave blank only if this is a new establishment.

APPLICANT MUST FILL IN ALL BLANKS

MAIL INVOICE TO:

Attention to: _____

Address _____

City/State/Zip _____

TOTAL FEE DUE \$ _____

NOTE: FOR ALL ANNUAL TFFS - RENEWAL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS OF EXPIRATION.

FOR ONE-TIME EVENT PERMITS - PERMITS NOT PAID AT LEAST 48 HOURS IN ADVANCE ARE SUBJECT TO A DELINQUENCY FEE OF \$48.00. FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE OR CLOSURE. APPLICATION AND FEE MUST BE SUBMITTED PRIOR TO OPERATION BY ANY NEW OWNER, OR A DELINQUENT FEE WILL BE CHARGED.

I hereby make application for health services and permit to establish and/or operate the above mentioned business, use, or service in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force by the United States government, the State of California, and the County of San Bernardino pertaining to the above mentioned business. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.

Signed _____ Date ____/____/____ Title _____

ENVISION: ENTERED BY _____ DATE _____
NEW TRANSFER RENEWAL
(Circle One)

APPROVAL

FOOD OR BEVERAGE TEMPORARY EVENT FACT SHEET

PERSON IN CHARGE OF FOOD STAND
PHONE NUMBER FOR PERSON IN CHARGE OF FOOD STAND
FOOD MANAGER TRAINING CERTIFICATES YES <input type="checkbox"/> NO <input type="checkbox"/>
FOOD WORKER TRAINING CERTIFICATES YES <input type="checkbox"/> NO <input type="checkbox"/>

FOODS

<input type="checkbox"/> ONLY PREPACKAGED FOODS OR DRINKS <input type="checkbox"/> FOOD PREPARATION AT BOOTH <input type="checkbox"/> FULLY ENCLOSED SNO-CONE, POPCORN, COTTON CANDY, OR SHAVED ICE MACHINE OR CART ONLY <input type="checkbox"/> HOT DOG CART
FOODS/ DRINKS TO BE SOLD / GIVEN AWAY AT STAND
INDICATE SOURCE OF FOODS/ DRINKS
ANY FOOD(S) TO BE PREPARED PRIOR TO THE START OF THE EVENT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, INDICATE WHERE AND WHEN THE FOOD WILL BE PREPARED.
IF YES, WHAT FOOD(S) WILL BE PREPARED?
ANY FOODS TO BE PREPARED DURING THE EVENT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN AND WHAT?
WHAT TYPE OF HOT/ COLD TRANSPORTATION EQUIPMENT WILL BE USED?
WHAT IS THE DISTANCE AND LENGTH OF TIME TRANSPORTED?
IF THE EVENT IS TWO OR MORE DAYS, WHERE AND HOW WILL FOOD BE STORED WHEN THE FACILITY IS NOT OPERATING?
HOW WILL ANY LEFTOVERS OF COOKED FOODS BE HANDLED AT THE END OF EACH DAY?

FOOD STAND (INDICATE MATERIALS USED)

HAND WASH SINK WITH PRESSURIZED HOT AND COLD WATER IN BOOTH YES <input type="checkbox"/> NO <input type="checkbox"/>
OR
MINIMAL HANDWASH SETUP IN THE BOOTH YES <input type="checkbox"/> NO <input type="checkbox"/>
WALLS AND ROOF MATERIAL
FLOOR
FULLY ENCLOSED BOOTH (IS REQUIRED FOR FOOD/ DRINK PREPARATION)? YES <input type="checkbox"/> NO <input type="checkbox"/>
SERVICE OPENING NO LARGER THAN 15" X 18" THAT CAN BE CLOSED? YES <input type="checkbox"/> NO <input type="checkbox"/>

HOW WILL POTABLE (DRINKING) WATER BE OBTAINED DURING THE EVENT FOR FOOD PROCESSING AND UTENSIL WASHING?
 WILL ELECTRICITY BE PROVIDED FOR THE FOOD BOOTH OPERATOR? YES NO
 IF YES, WHAT IS THE SOURCE? PUBLIC UTILITY GENERATOR(S)
 WILL LIGHTING BE AVAILABLE AFTER DARK? YES NO
 IF THE EVENT IS SCHEDULED FOR MORE THAN ONE DAY, WILL THE TFF HAVE CONTINUOUS ELECTRICITY TO POWER REFRIGERATOR(S) OVERNIGHT? YES NO
 ARE RESTROOM FACILITIES WITH HANDWASHING WITHIN 200 FEET? YES NO
 DESCRIBE GARBAGE/TRASH DISPOSAL (INCLUDING FREQUENCY OF PICK-UP):
 WILL THERE BE ANIMAL RIDES/CORRALS AT THE EVENT? YES NO
 IF SO, THEY MUST BE LOCATED AT LEAST 20 FEET AWAY FROM FOOD BOOTHS OR AS OTHERWISE DIRECTED BY THE DEPARTMENT INSPECTOR.

ADDITIONAL EVENT INFORMATION

TYPE OF UTENSIL SINK BEING USED
 PROVIDED BY WHO?
 LOCATED WHERE?
 WHAT TYPE OF SANITIZER WILL BE USED AT THE EVENT FOR SANITIZING UTENSILS AND FOOD CONTACT SURFACES?
 BLEACH QUATERNARY AMMONIUM WASH SANITIZER MIX
 HOW WILL WASTEWATER BE DISPOSED OF (WATER FROM UTENSIL WASHING AND HANDWASHING STATION)?
 PUBLIC SEWER OTHER, EXPLAIN

HOW WILL FOOD TEMPERATURES BE MONITORED DURING THE EVENT?

DESCRIBE ALL EQUIPMENT TO BE USED AT THE EVENT FOR:
 COLD HOLDING - 45°F OR BELOW:
 HOT HOLDING - 135°F OR ABOVE:
 COOKING/ REHEATING:
 PREPARATION SURFACES
 OTHER EQUIPMENT, I.E. BLENDER, SODA DISPENSER, ETC.

UTENSILS AND EQUIPMENT

ANNUAL

Temporary Food Facility (TFF)

Effective July 1, 2008, all persons involved in an annual Temporary Food Facility (TFF) will be required to obtain a Certified Food Worker Card.

Certified Food Worker Cards can be obtained after passing the Food Worker Exam. Class and study materials in English and Spanish are available online at www.sbcounty.gov/dehs.

Study materials and DVDs in English and Spanish are also available at the following office testing sites:

SAN BERNARDINO Office

385 North Arrowhead Avenue

Testing Days and Time:

Monday through Friday

Walk in any time between

8:00 and 11:00 AM & 1:00 and 4:00 PM

RANCHO CUCAMONGA Office

8575 Haven Avenue

Testing Days and Time:

Monday through Friday

Walk in any time between

8:00 and 11:00 AM & 1:00 and 4:00 PM

VICTORVILLE Office

13911 Park Avenue, Suite 200

(located in the Cimarron Escrow Building)

Testing Days and Time:

Tuesday & Thursday

Walk in any time between

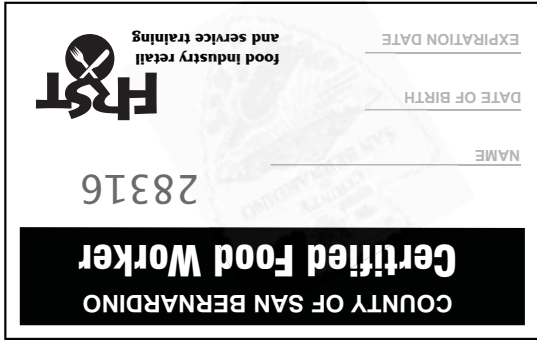
8:00 and 11:00 AM & 1:00 and 4:00 PM



County of San Bernardino • Department of Public Health
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

Visit our web site: www.sbcounty.gov/dehs

RANCHO CUCAMONGA 8575 Haven Ave., Suite 130 (909) 948-5058
SAN BERNARDINO 385 North Arrowhead Ave. 13911 Park Ave., Suite 200 (909) 884-4056
VICTORVILLE 13911 Park Ave., Suite 200 (760) 243-3773



No appointment needed

at these locations.

Cost prior to July 1: \$18.00.

Cost after July 1: \$20.00. CASH only.

Please have exact change.