

To be Completed by EACH Food/Beverage Vendor/Operator and submitted to Event Coordinator

<b>VENDOR / OPERATOR INFORMATION</b>		
Name of Event:	Date (S):	Event Set Up Time(S):
Event Location:		On Site Contact Person:
Name of Vendor Organization or Company:	Mobile Food Truck License Plate #	On Site Phone #:
Mailing Address, City, Zip of Vendor/Operator:		E-mail address of Vendor/Operator:
<input type="checkbox"/> For Profit <input type="checkbox"/> Non-profit <input type="checkbox"/> Met-Exempt-DD2 14 <input type="checkbox"/> CC County Food Truck-need Permit Copy <input type="checkbox"/> Out of County Vendor/Food Truck-need Permit Copy <input type="checkbox"/> CFO-need Permit Copy		

Type of all food/beverage to be sold or given away: (Include beverages, ice, condiments, or attach a menu).

Source(s) of all food/beverages purchased/ prepared: Name of Restaurant, Caterer, Kitchen, Cottage Food Operator, Costco, Grocery Store etc.

Type of holding/cooking equipment to be used: (i.e: ice chest, barbeques, fryers, chafing dishes, steam table, etc.)

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**Checklist Completed by Food or Beverage Vendor / Operator**

**Pre Packaged Food/Beverages Only**

**All food/beverages will be prepackaged and no food preparation will be conducted in the booth.**

Overhead protection and approved floor cover will be on site because I am selling prepackaged food/beverages only. Yes  No

**Non Pre Packaged Food/Beverages**

1. I understand I can not prepare food/beverages at home. Yes  No
2. I am preparing all food/beverages on-site Yes  No
3. I am preparing and storing all food/beverages in an approved commissary/production kitchen (if yes and out of county, attach Commercial/Production Kitchen Agmt). Production Kitchen Address \_\_\_\_\_ Yes  No
4. I am preparing approved foods in my CC County registered/permitted Cottage Food Operation **attach permit copy!** Yes  No
5. I will provide an accurate probe thermometer to measure the hot and cold holding of potentially hazardous food during all times of booth operation. Yes  No

**I am providing the following minimum hand washing facilities:**

6. Water supply dispenser (5-10 gallons) with hands free spigot. Yes  No
7. Booths with open food/beverage preparation will be required to have water temperature of 100°F for hand washing. Yes  No
8. One separate tub (bucket or basin) for collection of rinse/waste water. Yes  No
9. Pump style soap container. Yes  No
10. Paper towels & trash receptacle. Yes  No

**I am providing the following items within my booth for the sanitary cleaning of food preparation utensils:**

11. Three (3) compartment container (basin 6-8 inches minimum); (1) Detergent & Water, (2) Clean rise water (3) Appropriate sanitizing solution, 4) Test strips for checking sanitizer. See page 4 Yes  No

**I am protecting the non pre packaged food/beverage preparation areas from insects, dust, and the public by the following method:**

12. A booth with walls and ceiling constructed either of wood, canvas or other approved materials with fine mesh fly screening, completely enclosing open food areas. Yes  No
13. A booth with cleanable flooring (concrete, asphalt, tight wood or other similar cleanable material are acceptable). Yes  No
14. Food/beverage supplies will be stored at least 6 inches off the ground. Yes  No

**I have read the handout on Requirements for Temporary Food Facilities and will follow the guidelines provided in this handout.**

Completed by (Vendor signature): \_\_\_\_\_

Date: \_\_\_\_\_

Please print Vendor name: \_\_\_\_\_

Event Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Contra Costa County**



**Fire Protection District**

**FOOD VENDOR OPERATIONS PERMIT APPLICATION**

EVENT: \_\_\_\_\_ Date(s): \_\_\_\_\_

Vendor Sponsor: \_\_\_\_\_ Vendor # \_\_\_\_\_

Vendor Operator: \_\_\_\_\_ Telephone # \_\_\_\_\_

Responsible Person: \_\_\_\_\_ Telephone # \_\_\_\_\_

Dates and Hours of Food Vendor Operations: \_\_\_\_\_

Type(s) of Food Being Served: \_\_\_\_\_

Generator Fuel Type: \_\_\_\_\_

**Cooking Appliances (OPEN FLAMES SHALL BE AT LEAST FIVE FEET (5') OUTSIDE AND AWAY FROM TENTS/BOOTHES):**

Type of appliance/cooker:  Bar-B-Q  Deep Fat Fryer  Wok  Skillet  Hot plate  
(circle mark all that applies)  
 Other \_\_\_\_\_

Fuel type:  Charcoal  Wood  Electrical  LPG  Sterno  
(circle mark all that applies)  
 Other \_\_\_\_\_

**ATTACH ANY QUALIFYING DOCUMENTS TO USE APPLICATION!**

I HAVE READ AND UNDERSTAND THE ATTACHED Food Operations requirements and agree to abide by all conditions required by the Fire District. A copy of this permit application shall be posted within the tent, canopy or booth or otherwise be available for the Fire District to sign.

I further understand there will be no exceptions or modifications to these requirements the day of the event. Any questions or requests regarding exceptions or modifications must be submitted with supporting documentation at time of Permit Application to the Fire Prevention Bureau a minimum, 3-weeks prior to the event. A copy of this permit application shall be provided to the event organizer.

Responsible Person: \_\_\_\_\_ Date \_\_\_\_\_

For further information, please call the Fire District at (925) 941-3300.  
4005 Port Chicago Hwy, Ste. 250, Concord, California 94520 – (925) 941-3300 – FAX (925) 941-3309