



**APPLICATION FOR PERMIT TO OPERATE
COMMUNITY EVENT**

EVENT (Facility)	Name of Event: _____ Address of Event: _____ City: _____ State: _____ Zip: _____ Date(s) of Event: _____ Time Event Starts: _____
BILL	Billing Name: _____ Phone: _____ Billing Address: _____ City: _____ State: _____ Zip: _____
EVENT COORDINATOR (Owner)	Event Contact Person: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ (home or office) Email: _____

FOR THE PURPOSE OF THIS APPLICATION, A FOOD BOOTH SHALL BE IDENTIFIED AS A TFF (TEMPORARY FOOD FACILITY)

COMMUNITY EVENT COORDINATOR	FEE	PE	NUMBER OF VENDORS PERMITTED FOR EVENT
<input type="checkbox"/> 5 OR LESS TFF (ALL NONPROFIT)	N/A	1670	MULTI EVENT VENDORS (MEV) (LOW RISK)
<input type="checkbox"/> EVENT WITH 5 OR LESS TFF	\$495.00	1668	MULTI EVENT VENDORS (MEV) (HIGH RISK)
<input type="checkbox"/> EVENT WITH 6 OR MORE TFF	\$570.00	1669	MOBILE FOOD FACILITIES (CATEGORY A-D)
NUMBER OF FOOD BOOTHS	FEE	PE	
<input type="checkbox"/> TFF (PRE PKG/LOW RISK)	\$110.00 ea.	1671	*If an event consists of only one booth (either TFF or MEV), DO NOT charge coordinator fee, charge appropriate TFF booth fee only.
<input type="checkbox"/> TFF (FOOD PREP/HIGH RISK)	\$245.00 ea.	1672	*If an event consists of 2-3 low risk TFF/MEV booths, do not charge booth fees, charge \$495.00 coordinator fee only.
			*Number of MEV/MFFs should never contribute to "6 or more" coordinator fee.
<input type="checkbox"/> 1674 - LATE FEE / APPLICATION NOT SUBMITTED TWO WEEKS PRIOR TO EVENT AND/OR BOOTH(S) ADDED \$150.00			
<input type="checkbox"/> 1673 - PENALTY FOR FAILURE TO OBTAIN PERMIT PRIOR TO COMMUNITY EVENT \$233.00			

I hereby accept responsibility as coordinator or authorized representative of the above mentioned community event. I will comply with all state and local laws and will ensure compliance by all food vendors operating at the community event identified above. I confirm that the location of this event meets all land use, water supply, waste disposal, restroom and parking requirements and that approval has been obtained from all pertinent agencies.

Signed _____ Title/Position _____ Date _____

OFFICIAL USE ONLY			
CALCULATIONS COMMUNITY EVENT COORDINATOR FEE = \$ _____ + TOTAL LOW RISK BOOTHS _____ X \$110.00 = \$ _____ + TOTAL HIGH RISK BOOTHS _____ X \$245.00 = \$ _____ + TOTAL FEES = \$ _____	CALCULATIONS FOR LATE FEES / PENALTY LATE FEE = \$ _____ + PENALTY FOR NO PERMIT = \$ _____ + TOTAL FEES = \$ _____ + TOTAL WITH LATE FEES/PENALTY = \$ _____		
EMD RECEIPT#: _____	AMOUNT PAID: _____	DATE PAID: _____	ACCOUNT #: _____
<input type="checkbox"/> NEW EVENT	<input type="checkbox"/> ANNUAL EVENT	FACILITY ID #: _____	CT: _____ SPECIALIST: _____
PROGRAM RECORD #: _____	PE: _____	REINSPECTIONS: # HIGH RISK _____	# LOW RISK _____
COMMENTS: _____			
<input type="checkbox"/> APPROVED		<input type="checkbox"/> DISAPPROVED	
BY: _____		DATE: _____	

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