Environmental Management Department
Jennea Monasterio, Director

APPLICATION FOR PERMIT TO OPERATE COMMUNITY EVENT

FY 2026-2027

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
☐ 5 OR LESS TFF (ALL NONPROFIT)	N/A	1679
☐ EVENT WITH 9 OR LESS TFF	$750.00	1668
☐ EVENT WITH 10-50 TFF	$860.00	1669
☐ EVENT WITH 50-80 TFF	$1500.00	1670

NUMBER OF FOOD BOOTHS		FEE	PE
	TFF (PRE PKG/LOW RISK)	$116.00 ea.	1671
	TFF (FOOD PREP/HIGH RISK)	$258.00 ea.	1672

NUMBER OF VENDORS PERMITTED FOR EVENT	
	MULTI EVENT VENDORS (MEV) (LOW RISK)
	MULTI EVENT VENDORS (MEV) (HIGH RISK)
	MOBILE FOOD FACILITIES (CATEGORY A-D)

*If an event consists of only one booth (either TFF or MEV), DO NOT charge coordinator fee, charge appropriate TFF booth fee only.

*If an event consists of 2-3 Low-Risk TFF/MEV booths combined, charge PE 1668 fee only.

*Number of MEVs/MFFs do not cause coordinator fee to increase from PE 1668 fee.

☐ **1674 - LATE FEE (10 OR LESS) / APPLICATION NOT SUBMITTED TWO WEEKS PRIOR TO EVENT**	**$550.00**
☐ **167E - LATE FEE (11 OR MORE) / APPLICATION NOT SUBMITTED TWO WEEKS PRIOR TO EVENT**	**$1000.00**
☐ **1673 - PENALTY FOR FAILURE TO OBTAIN PERMIT PRIOR TO COMMUNITY EVENT**	**$246.00**

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 _____ $116.00 = $ _____ +

TOTAL HIGH RISK BOOTHS _____ $258.00 = $ _____ +

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 #: _____

☐ SINGLE EVENT ☐ ANNUAL EVENT EVENT ID #: _____ CT: _____ SPECIALIST: _____

REINSPECTIONS: # HIGH RISK _____ # LOW RISK _____

COMMENTS: _____

☐ APPROVED ☐ DISAPPROVED BY: _____ DATE: _____