Environmental Management Department

Jennea Monasterio, Director

OFFICIAL USE ONLY	
FACILITY ID#	
☐ BILL BY ASU CT#	
EMD RECEIPT #	
TOTAL FEE	
DATE PAID	

COMMUNITY EVENT APPLICATION FOR PERMIT TO OPERATE

FY 2026-2027

EVENT (Facility)

Name of Event _____

Location 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 (home or office) _____ City _____ State ____ Zip _____

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

COMMUNITY EVENT COORDINATOR		**FEE**	**PE**
	Event with 80 or more temporary food booths (TFF)	$ 12,751.00	1678
NUMBER OF FOOD BOOTHS		**FEE**	**PE**
	TFF (PRE PKG / LOW RISK)	$ 116.00 ea.	1671
	TFF (FOOD PREP / HIGH RISK)	$ 258.00 ea.	1672
	MEV (MULTI EVENT VENDER / LOW RISK)	$ 0.00 ea.	1662
	MEV (MULTI EVENT VENDOR / HIGH RISK)	$ 0.00 ea.	1663
	MFF (MOBILE FOOD FACILITY)	$ 0.00 ea.	1631-1635
	LATE FEE / APPLICATION NOT SUBMITTED TWO WEEKS PRIOR TO EVENT AND/OR BOOTH(S) ADDED	$ 1000.00	167E

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 _____

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CALCULATIONS

COMMUNITY EVENT COORDINATOR FEE = $ _____ +

TOTAL LOW RISK BOOTHS _____ *X $116.00* = $ _____ +

TOTAL HIGH RISK BOOTHS _____ *X $258.00* = $ _____ +

TOTAL FEES = $ _____

CALCULATIONS FOR LATE FEES / PENALTY

LATE FEE = $ _____ +

PENALTY FOR NO PERMIT = $ _____ +

TOTAL FEES = $ _____ +

TOTAL WITH LATE FEES/PENALTY = $ _____

☐ *NEW EVENT* ☐ *ANNUAL EVENT* *Event ID #* _____ *PE* _____

COMMENTS _____

REINSPECTIONS: # HIGH RISK _____ *# LOW RISK* _____

☐ *APPROVED* ☐ *DISAPPROVED* *BY* _____ *DATE* _____

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