Shasta County

DEPARTMENT OF RESOURCE MANAGEMENT
1855 Placer Street, Redding, CA 96001

Richard W. Simon, AICP
Director

Dale J. Fletcher, CBO
Assistant Director

SPECIAL EVENT COORDINATOR PERMIT APPLICATION

Name of Event:_____ Date(s) & Time(s) of Event:_____

Location of Event:_____ Total Number of Food Vendors:_____

Coordinator's Business Name:_____ Address:_____

Contact Person:_____ Phone #_____

E-mail:_____

PLEASE SUBMIT THE FOLLOWING AT LEAST TWO (2) WEEKS PRIOR TO THE EVENT:

1. **$67.17 Permit Fee** - (Please note: Failure to submit a complete application and fee at least two weeks prior to the event will result in an additional fee of $65.66 per hour for all staff time required for inspections, preparation and issuance of notices or letters to complete the application).

2. **Site Plan** - A site plan indicating the proposed locations for the temporary food facilities, restrooms, and all shared utensil washing, hand washing, trash/garbage, and janitorial facilities. This will allow this office to determine if restrooms are close enough to facilities and whether surrounding activities will have an impact on food safety (dust, flies, etc...).

3. **Food Vendor List and Temporary Food Both Applications** - Please complete and submit the attached vendor list form.

4. **Toilet Room Facilities** - At least one toilet facility for each 15 employees within 200 feet of each temporary food facility shall be provided. Each toilet shall be provided with hand washing facilities equipped with hot and cold running water. Hand washing cleanser and single-use sanitary towels shall be provided in permanently attached dispensers at each hand washing facility. Temporary food facilities that handle only prepackaged food may provide cold water with germicidal soap in lieu of hot and cold running water at the hand washing facilities.

   Total # of employees*_____ Total # of toilet rooms_____ Total # of hand washing facilities
   (*including volunteers)

5. **Janitorial Facilities** - Adequate janitorial facilities shall be provided with hot and cold running water from a mixing valve.

   Total # of Janitorial Facilities

AS COORDINATOR, I HAVE READ AND UNDERSTAND THE "SPECIAL EVENT HANDOUT" AND I UNDERSTAND THAT I AM RESPONSIBLE FOR ENSURING COMPLIANCE WITH THE CALIFORNIA UNIFORM RETAIL FOOD FACILITY LAW BY THE TEMPORARY FOOD FACILITIES OPERATING AT THIS EVENT.

Applicant/Coordinator Signature_____ Date_____

☐ *Suite 101*
AIR QUALITY MANAGEMENT DISTRICT
530 225-5674
Fax 530 225-5237

☐ *Suite 102*
BUILDING DIVISION
530 225-5761
Fax 530 245-6468

☐ *Suite 103*
PLANNING DIVISION
530 225-5532
Fax 530 245-6468

☒ *Suite 201*
ENVIRONMENTAL HEALTH DIVISION
530 225-5787
Fax 530 225-5413

☐ *Suite 200*
ADMINISTRATION & COMMUNITY EDUCATION
530 225-5789
Fax 530 225-5807

Toll Free Access Within Shasta County 1 800 528-2850

VENDOR LIST

Name of Event:_____

Date(s) of Event:_____Total # of Vendors:_____

*Business Name/ Contact Person	Business Address & Phone Number	No. of Employees	Menu

* Indicate whether Business is profit (P) or non-profit (NP)