

Sponsor Application

Name of Organization: _____

Address: _____

Phone #: _____ Fax#: _____ Email: _____

Contact Person off-site: _____ Phone #: _____

Contact Person on-site: _____ Phone #: _____

Event Coordinator if different from above: _____

Company Name: _____ Business License #: _____

Address: _____ Board of Equalization #: _____

Phone #: _____ Fax #: _____ E-mail: _____

Event Information

Name of Event: _____

Location: _____ Date(s): _____ Hours: _____

Time booth will be ready for inspection: _____ End Time (no further food sales): _____

Event will be held: ☐ Indoors ☐ Outdoors ☐ Other: _____

Designated parking available for Inspection Staff: ☐ Yes ☐ No

Number of Temporary Food Vendors: _____ 10' x 10' booths: _____ Carts: _____ MFFs: _____

As the event Sponsor/Organizer, I will act as contact person for the San Francisco Department of Public Health (SFDPH). I am responsible for submitting the Sponsor Application, a Food Concessionaire Application for each vendor, a list of vendors, a site plan and the appropriate fees to SFDPH at least two weeks prior to the date of the event. I recognize my part in ensuring food safety at the event by organizing the site appropriately, ensuring a potable water source and providing approved waste system. By acceptance of the permit of the above noted event, the permittee agrees to indemnify, hold harmless and assume the defense of the City and County of San Francisco from and against any and all claims, demands and actions for damages resulting from work under this permit, regardless of the negligence of City and County of San Francisco. I have read and understood my responsibility as the sponsor _____ (initials).

Applicant Signature: _____ Date: _____

Print Name: _____