

# Application for a Temporary Food Facility (TFF) Permit at a Temporary Event

Complete BOTH sides of this form. RETURN TO THE EVENT COORDINATOR with applicable fees and documentation.  
**Applications, fees must be submitted to this department by the Event Coordinator at least 2 weeks before the event.**

Incomplete or late applications may not be approved or the menu may be restricted.  
Once the application is approved, NO changes may be made without approval of this Department.  
Unauthorized changes may result in permit suspension.

For applications and TFF requirements, go to [www.ehinfo.org](http://www.ehinfo.org) > Programs & Services > Consumer Protection Division > Temporary Events.

| BUSINESS INFORMATION  |  | EVENT INFORMATION  |                      |
|---|--|--|----------------------|
| Business or Organization Name / DBA   |  | Event Name   |                      |
| Owner Name or Care Of Name  |  | Event Location   |                      |
| Owner Address   |  | Event Address  |                      |
| City and Zip Code   |  | City and Zip Code  |                      |
| Owner Business or Home Phone  |  | Food Service Date(s)   | Food Service Time(s) |
| Owner Cell Phone  |  | Food Service Date(s)   | Food Service Time(s) |
| E-mail Address  |  | Food Service Date(s)   | Food Service Time(s) |
| Event Coordinator Name and Phone  |  | Food Service Date(s)   | Food Service Time(s) |
| TEMPORARY FOOD FACILITY (TFF) INFORMATION   |  | PERMIT TYPES (must check one, as applies)  |                      |
| Facility Type:<br><input type="checkbox"/> Food Booth<br>If your food booth will be larger than 10'x10', indicate size: _____<br><input type="checkbox"/> Beverage Booth(s)<br>Total Number of Beverage Booths: _____<br><input type="checkbox"/> Food Cart<br><input type="checkbox"/> Food Vehicle (Applies to vehicles not permitted by County of Santa Clara DEH)<br><input type="checkbox"/> Truck <input type="checkbox"/> Trailer<br><input type="checkbox"/> Indoor Event<br><input type="checkbox"/> Multiple food service stations: submit a simple site plan depicting where food and beverages (including beer/wine) will be distributed. |  | <input type="checkbox"/> TE06 - RC1 Low-risk food<br><input type="checkbox"/> TE07 - RC2 Moderate-risk food, prepared for same-day service (1-12 days)<br><input type="checkbox"/> TE08 - RC2 Moderate-risk food, prepared for same-day service (13+ days)<br><input type="checkbox"/> TE09 - RC3 High-risk food, prepared in advance, cooked, cooled, and/or reheated (1-12 days)<br><input type="checkbox"/> TE10 - RC3 High-risk food, prepared in advance, cooked, cooled, and/or reheated (13+ days)<br><input type="checkbox"/> TE14 - NO FOOD/BEVERAGE SALES – SAMPLING ONLY<br><input type="checkbox"/> TE01 - Annual Temporary Event Permit Holder (Santa Clara County)<br>Permit Number (PT#): _____<br><input type="checkbox"/> Veteran (submit the Affidavit for a Veteran's Exemption form with required documentation, along with a copy of your honorable discharge form <u>without</u> your social security information) |                      |
| Food Preparation Start Time: (Before Food Service Time)   |  | BOOTH CONSTRUCTION INFORMATION   |                      |
| Name of Temporary Food Facility: (Booth name to show on permit)   |  | Overhead Covering: <input type="checkbox"/> Canvas <input type="checkbox"/> Wood <input type="checkbox"/> Other:   |                      |
| Person in Charge Day of Event:  |  | Floor: <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Tarp <input type="checkbox"/> Other:<br>(Grass or Dirt surfaces must be covered with approved tarps or plywood)   |                      |
| Person in Charge's Cell Phone:  |  | Walls: <input type="checkbox"/> Screens <input type="checkbox"/> Canvas <input type="checkbox"/> Wood <input type="checkbox"/> Other:<br>(Enclosed food booth required if unpackaged foods are handled)  |                      |

The undersigned hereby applies for a Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures necessary to ensure compliance. Additionally, the undersigned is aware that non-compliance may result in closure of the temporary food facility. Any inspection time more than twenty minutes may be assessed, in 15 minute increments, at the current hourly rate approved by the Board of Supervisors, until the necessary changes or corrections are made. Re-inspections may be subject to additional fees.

I have read and understand the Requirements for Temporary Food Facilities in the County of Santa Clara and hereby agree to adhere to them.

The undersigned certifies, under penalty of perjury, that to the best of his/her knowledge and belief, the statements made herein are complete, correct and true. NOTE: Any information contained in this application is a matter of public record and is available to the public under the California Public Records Act.

Applicant Signature

Print Name

Date

| ***** OFFICE USE ONLY *****                                |                              |  |                                |
|--|------------------------------|--|--------------------------------|
| OW#:   | FA#:                         | PR#:   | BO#:                           |
| <input type="checkbox"/> PFR (Processed Food Registration) | <input type="checkbox"/> CFO | <input type="checkbox"/> Certified Producers Certificate | <input type="checkbox"/> Other |



ATTACH ADDITIONAL SHEETS IF NECESSARY.

County of Santa Clara Department of Environmental Health  
1555 Berger Drive, Suite 300, San Jose, CA 95112-2716  
Phone 408-918-3400 • Fax 408-258-5891 • [www.EHinfo.org](http://www.EHinfo.org)

**FOOD INFORMATION:** A complete listing of ALL food/beverage products served, sold, sampled, or given away from your facility must be detailed below.

Business Name: \_\_\_\_\_ Temporary Event Name: \_\_\_\_\_

| Menu Item(s)<br><br>Include all food, beverages, condiments and all extra ingredients served with each item. | * (1) Prepared in Advance | Prepared ONLY at event | Item will be served AT the Event: |     |      |                  |               | * (3) Serve samples | Preparation Methods AT the Event: |                          |                     |                |        | List food equipment to be used at the event (e.g., cold-holding and hot-holding devices, rapid reheating methods, cooking equipment, sneeze guard protection) <b>AND</b> any additional preparation methods.<br>- If any potentially hazardous foods will be held at room temperature, you must submit a written procedure for approval. |
|--|---------------------------|------------------------|-----------------------------------|-----|------|------------------|---------------|---------------------|-----------------------------------|--------------------------|---------------------|----------------|--------|--|
|  |                           |                        | * (2) Pre-packaged                | Hot | Cold | Room Temperature | Cook to Order |                     | Thaw                              | Cut / assemble / portion | Cook / bake / grill | BBQ / Deep fry | Reheat |  |
| Example: Hamburger   |                           | X                      |                                   | X   |      |                  |               |                     | X                                 |                          |                     | X              |        | BBQ to cook, chafing dish to hot-hold  |
| Example: Cookies   | X                         |                        |                                   |     |      | X                |               |                     |                                   |                          |                     |                |        | Food storage containers  |
|  |                           |                        |                                   |     |      |                  |               |                     |                                   |                          |                     |                |        |  |
|  |                           |                        |                                   |     |      |                  |               |                     |                                   |                          |                     |                |        |  |
|  |                           |                        |                                   |     |      |                  |               |                     |                                   |                          |                     |                |        |  |
|  |                           |                        |                                   |     |      |                  |               |                     |                                   |                          |                     |                |        |  |
|  |                           |                        |                                   |     |      |                  |               |                     |                                   |                          |                     |                |        |  |
|  |                           |                        |                                   |     |      |                  |               |                     |                                   |                          |                     |                |        |  |
|  |                           |                        |                                   |     |      |                  |               |                     |                                   |                          |                     |                |        |  |
|  |                           |                        |                                   |     |      |                  |               |                     |                                   |                          |                     |                |        |  |
|  |                           |                        |                                   |     |      |                  |               |                     |                                   |                          |                     |                |        |  |
|  |                           |                        |                                   |     |      |                  |               |                     |                                   |                          |                     |                |        |  |

\* (1) ADVANCE PREPARATION activities at approved kitchen ☐ No advance preparation

|   |   |
|---|---|
| If you do not have a permitted facility, you must obtain permission to use a kitchen or commissary facility which has been approved in advance by the local dept. of environmental health or obtain prepared foods from an approved source. Pre-event food preparation inspections may be required. Have copies of food invoices/receipts at your booth, available for review upon request, as any unapproved foods found will be removed from public distribution. |   |
| Commercial Kitchen<br>or Commissary Name<br>Address and City<br>Phone #   | The Applicant submitting this application has permission to use this facility for the specified date(s) and time(s). If this permission is rescinded, I will immediately notify County of Santa Clara, Department of Environmental Health (408-918-3400).<br><br>Date(s)/Time(s) of Pre-Event use<br>Print name of Permit Holder or Authorized Kitchen Representative<br>Signature _____ Date _____ |
| <input type="checkbox"/> Valid Health Permit in Santa Clara County (SCC). Enter facility #: FA<br><input type="checkbox"/> Facility is permitted outside SCC (ATTACH A COPY OF VALID HEALTH PERMIT).  |   |

(a) Describe food items and how they will be prepared.

(b) Describe cooling procedure for potentially hazardous foods (PHF). (Include how temperatures will be monitored and verified.) ☐ No PHFs

\* (2) Will you PRE-PACKAGE food/beverages before the event? ☐ No ☐ Yes - submit a copy of your valid Processed Food Registration.

If you pre-package any foods or beverages, a Processed Food Registration is required. Visit the state's website for more info: [www.cdph.ca.gov](http://www.cdph.ca.gov).

\* (3) SAMPLING Procedures: Samples prepared in advance? ☐ Yes ☐ No Samples pre-portioned and pre-packaged in advance? ☐ Yes ☐ No

Include how and where samples will be prepared and how they will be served.