



**Public Health**  
 Environmental Health Services

**APPLICATION FOR TEMPORARY EVENT HEALTH PERMIT**

<b>SECTION A</b>				<b>PLEASE PRINT – HEALTH PERMITS ARE NOT TRANSFERABLE</b>			
<b>PERMIT CATEGORY (SELECT ONLY ONE)</b>							
FOOD EVENTS:		<input type="checkbox"/> Temporary Food Facility (TFF) - Event Organizer <small>(complete sections A, B &amp; E)</small>			<input type="checkbox"/> Annual TFF Vendor <small>(complete sections A &amp; C)</small>		
<small>NOTE: TFF PERMITS ARE ONLY VALID AT DEHS APPROVED COMMUNITY EVENTS</small>							
		<input type="checkbox"/> One-Time TFF Vendor <small>(complete sections A &amp; C)</small>					
BODY ART EVENTS:		<input type="checkbox"/> Sponsor of a Temporary Body Art Event <small>(complete sections A, D &amp; E)</small>			<input type="checkbox"/> Temporary Body Art Facility <small>(complete sections A &amp; F)</small>		
<b>APPLICANT INFORMATION</b>							
NAME OF APPLICANT				DATE OF BIRTH		PHONE	
COMPANY/ORGANIZATION <small>(IF APPLICABLE)</small>				E-MAIL			
HOME ADDRESS				CITY		STATE	ZIP
MAILING ADDRESS <small>(IF DIFFERENT THAN HOME ADDRESS)</small>				CITY		STATE	ZIP
<b>DETAILS OF TEMPORARY EVENT</b>							
NAME OF EVENT					DATE(S) OF EVENT		
SITE ADDRESS				CITY		TOTAL # OF DAYS OF EVENT	
SET UP TIME FROM _____ TO _____				OPEN TO PUBLIC FROM _____ TO _____			
NAME OF EVENT SPONSOR/COORDINATOR				EVENT SPONSOR/COORDINATOR CELL PHONE NUMBER			
<b>INVOICE INFORMATION</b>				<small>(FOR ANNUAL TFF VENDOR PERMITS ONLY)</small>			
MAIL TO				ATTENTION TO			
ADDRESS				CITY		STATE	ZIP
<b>PLEASE READ</b>							
<b>ALL FEES ARE DUE AND PAYABLE PRIOR TO THE FIRST DAY OF OPERATION. Make checks payable to: <u>COUNTY OF SAN BERNARDINO</u></b>							
This application and all subsequent fees must be submitted prior to operation. Failure to pay will result in the assessment of a delinquent fee or closure.							

For Office Use Only		For Office Use Only		For Office Use Only		For Office Use Only		For Office Use Only	
Fee:		FA Number:		Record ID:		PE Number:			
Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N		Designated Employee:		Received By:		Date:			
Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate		Changes (please specify):							

## SECTION B

## TEMPORARY FOOD FACILITY (TFF) - EVENT ORGANIZER

(TO BE SUBMITTED WITH SECTIONS A &amp; E)

NAME OF EVENT

The Application for Temporary Event Health Permit along with the following information **MUST** be submitted at least 2 weeks prior to the event. A late fee will be assessed if the application is submitted less than 48 hours prior to the event. Health permits are non-transferable and must be posted in a conspicuous place within the event location.

Indicate the total number in each category:

Food Preparation Booths (*non-prepackaged*) \_\_\_\_\_

Prepackaged Food Booths \_\_\_\_\_

Number of shared 3 compartment sinks \_\_\_\_\_

**Note:** If the event organizer is providing a 3 compartment sinks for vendors, each sink may only service up to 4 vendors and must be located within 100 feet of each booth.

All applications **MUST** include a site map which indicates the following locations. Also, indicate the distances between each location.

- All Food Facilities (vendor# must correspond with the List of Participants / Vendors)
- Toilet Facilities with associated Handwashing Station(s)
- Three Compartment Warewashing Sink if provided by the Event Organizer
- Trash Receptacles
- Potable Water Source
- Waste Water Disposal Site
- Electricity (if provided)

## EVENT ORGANIZER RESPONSIBILITIES

It is the responsibility of the Event Organizer to ensure that all TFF vendors at the event comply with food safety and sanitary requirements enforced by the Division of Environmental Health Services (DEHS).

**Prior to Event**

- When applying for a Temporary Event Health Permit, provide documentation from the city or county agency granting approval for the event.
- Provide the **List of Participants / Vendors (Section E)**. This Department will review the List of Participants / Vendors, and advise the Event Organizer of any unapproved or unpermitted vendors. All TFF vendor applications and fees must be submitted at least 48 hours prior to event, including non-profit organizations, or a late fee will be assessed. If any changes are made to the List of Participants / Vendors, provide this Department with an updated list.
- It is the responsibility of the Event Organizer to ensure all food vendors have a current, valid, unsuspended and unrevoked TFF or Mobile Food Facility (MFF) Health Permit. Only vendors listed on the approved vendor list will be permitted to operate at the event. No refunds will be given to food vendor operators who fail to attend the event. All vendors shall have their health permit readily available at their booth throughout the event.
- Ensure to provide a potable water supply, an approved wastewater disposal site, trash disposal, electricity (if provided), and toilet facilities with handwashing stations within 200 feet of each TFF booth.

**Day of Event**

- No home preparation or storage of food is allowed. All pre-packaged foods shall be properly packaged and labeled at an approved facility.
- All potentially hazardous foods shall be maintained at or below 45°F (41°F is required if the food is to be used for another day), or 135°F or above and discarded at the end of the day.
- All food preparation vendors are required to cook and prepare food/beverage inside a fully enclosed booth. Keep in mind, all cooking equipment, other than approved barbeques, must be kept inside the approved enclosed booth, unless specifically exempted by DEHS. Contact the local fire jurisdiction where the event is being held regarding applicable fire code requirements.
- Depending on the length of the event, a pressurized handwashing sink or simplified handwashing set-up (i.e. 5 gallon igloo-type) with warm water, pump style soap, paper towels, and a wastewater collection container are required inside all food/beverage preparation and sampling booths. Wastewater must be contained at all times.
- A 3 compartment warewashing sink is required for all food/beverage preparation booths. Overhead protection is required for all warewashing sinks. Any shared 3 compartment warewashing sinks that are provided by the Event Organizer must be maintained by cleaning, refilling and checking sanitizer levels throughout the event. No more than 4 vendors can utilize a shared warewashing sink. All warewashing sinks must be supplied with a minimum of 25 gallons of pressurized warm water (minimum of 100°F), unless food preparation is limited then 15 gallons is required. Wastewater must be contained at all times.

## PLEASE READ - DECLARATION AND SIGNATURE

**ALL FEES ARE DUE AND PAYABLE PRIOR TO THE FIRST DAY OF OPERATION. Make checks payable to: COUNTY OF SAN BERNARDINO**

This application and all subsequent fees must be submitted prior to operation. Failure to pay will result in the assessment of a delinquent fee or closure.

I declare under the penalty of law, that to the best of my knowledge and belief, the statements made herein are correct and true. I have knowledge of, and commit to meet state law and relevant local regulations pertaining to the TFF Event Organizer Health Permit. I acknowledge the rules and regulations set forth by the San Bernardino County, Division of Environmental Health Services. As the Event Organizer, I shall ensure all food booths are in compliance with the TFF operating requirements mentioned in this application and set forth in the TFF Vendor and Event Organizer Packets. I hereby consent to all necessary inspections incident to the issuance of a health permit and the operation of the business. Furthermore, I understand that failure to meet all requirements specific to the TFF Event Organizer Health Permit, supplemental attachments and set forth by the County of San Bernardino may result in permit suspension and/or closure of the temporary event and/or business operating at the event.

SIGNATURE OF EVENT ORGANIZER

DATE

PRINT NAME

TITLE

The Event Organizer may request to meet with the Division of Environmental Health Services after the event. To make an appointment, please contact this Department at (800) 442-2283.



SECTION C TEMPORARY FOOD FACILITY (TFF) - VENDOR (ANNUAL AND ONE-TIME) (continued) (TO BE SUBMITTED WITH SECTION A)	
NAME OF EVENT	
<b>EQUIPMENT AND UTENSILS</b>	
<ul style="list-style-type: none"> <li>▪ All food related and utensil related equipment shall be approved by DEHS. All equipment shall be installed, used and stored to prevent food contamination.</li> <li>▪ Cold holding units include, but are not limited to: mechanical refrigeration, freezers or ice chests. Accurate thermometers are required inside the units to monitor temperatures.</li> <li>▪ Hot holding units include, but are not limited to: steam tables, crock-pots, chafing dishes or hot holding cabinets. All units shall be pre-heated prior to placing the food in the unit.</li> <li>▪ All cooking equipment, other than approved barbeques, shall be kept inside the approved enclosed booth, unless specifically exempted by DEHS. Open-air barbeques shall be protected from dust and other contamination by way of an approved lid or overhead protection.</li> <li>▪ Food preparation surfaces shall be cleanable and made of approved materials.</li> <li>▪ Single use utensils shall be provided for customer use. Food preparation surfaces shall be easily cleanable and of approved materials.</li> <li>▪ All condiments must be dispensed from a squeeze bottle, pump dispenser, individual packets or condiment containers with self-closing lids.</li> </ul>	
I have read the above statement on <i>Equipment and Utensils</i> and will abide by these regulations.	INITIAL
<b>WAREWASHING SINK AND WASTEWATER</b>	
<ul style="list-style-type: none"> <li>▪ A 3 compartment warewashing sink with dual drain boards is required for all food/beverage preparation booths. Overhead protection is required for all warewashing sinks.</li> <li>▪ Any shared 3 compartment warewashing sinks that are provided by the Event Organizer must be maintained by cleaning, refilling and checking sanitizer levels throughout the event. No more than 4 vendors can utilize a shared warewashing sink.</li> <li>▪ All warewashing sinks must be supplied with a minimum of 25 gallons of pressurized warm water (minimum of 100°F), unless food preparation is limited then 15 gallons is required. Wastewater must be contained at all times.</li> <li>▪ An approved sanitizer shall be used at the event for sanitizing utensils and food contact surfaces. Approved sanitizers include chlorine (bleach), quaternary ammonia (QUAT) or iodine. Sanitizer test strips must be available and used to monitor sanitizer levels and shall correspond to the sanitizer in use at the event.</li> <li>▪ All wastewater from warewashing sinks and hand washing stations shall be disposed of in an approved manner through a public sewer system or other manner approved by DEHS.</li> </ul>	
I have read the above statement on <i>Warewashing Sink and Wastewater</i> and will abide by these regulations.	INITIAL
<b>ELECTRICITY DETAILS (IF PROVIDED)</b>	
<ul style="list-style-type: none"> <li>▪ Ensure adequate electricity is available for refrigeration units or other equipment (by maintaining potentially hazardous foods at the proper temperature). If the event extends into the evening hour or will last more than one day, ensure electricity is available to light the food preparation area inside the booth. Sources of electricity may include public utilities and/or generators.</li> </ul>	
I have read the above statement on <i>Electricity Details</i> and will abide by these regulations.	INITIAL
<b>ADDITIONAL INFORMATION</b>	
<ul style="list-style-type: none"> <li>▪ Potable (drinking) water shall be available during the event for food processing and warewashing.</li> <li>▪ Restroom facilities and handwashing stations must be within 200 feet of the food booth.</li> <li>▪ Make sure garbage/trash disposal is frequently picked-up and disposed of properly.</li> <li>▪ Animals and smoking are prohibited within 20 feet of food booths, storages areas and/or by the BBQ.</li> </ul>	
I have read the above statement on <i>Additional Information</i> and will abide by these regulations.	INITIAL
<b>PLEASE READ - DECLARATION AND SIGNATURE</b>	
<b>ALL FEES ARE DUE AND PAYABLE PRIOR TO THE FIRST DAY OF OPERATION. Make checks payable to: <u>COUNTY OF SAN BERNARDINO</u></b>	
This application and all subsequent fees must be submitted prior to operation. Failure to pay will result in the assessment of a delinquent fee or closure.	
I declare under the penalty of law, that to the best of my knowledge and belief, the statements made herein are correct and true. I have knowledge of, and commit to meet state law and relevant local regulations pertaining to the TFF Vendor Health Permit. I acknowledge the rules and regulations set forth by the San Bernardino County, Division of Environmental Health Services. As the TFF Vendor, I shall ensure that my food booth is in compliance with the TFF operating requirements mentioned in this application and set forth in the TFF Vendor Packet. I hereby consent to all necessary inspections incident to the issuance of a health permit and the operation of the business. Furthermore, I understand that failure to meet all requirements specific to the TFF Vendor Health Permit, supplemental attachments and set forth by the County of San Bernardino may result in permit suspension and/or closure of the TFF booth.	
SIGNATURE OF TFF VENDOR	DATE
PRINT NAME	TITLE

**SPONSOR OF A TEMPORARY BODY ART EVENT**

**SECTION D**

(TO BE SUBMITTED WITH SECTIONS A & E)

NAME OF EVENT \_\_\_\_\_

The application for Temporary Event Health Permit along with the following information is recommended to be submitted at least 2 weeks prior to the event by the Sponsor of the proposed event. All requirements listed below must be verified by the Division of Environmental Health Services (DEHS) prior to the issuance of a Temporary Event Health Permit. Health permits are non-transferable and must be posted in a conspicuous place within the temporary body art event location.

The name, telephone number, and directions to an emergency room near the temporary body art event shall be posted in a conspicuous location.

The sponsor shall obtain all necessary permits to conduct business in the jurisdiction where the event will be held including a valid health permit issued by DEHS. A sponsor who violates these requirements shall be subject to closure of the temporary body art event and a penalty up to three times the cost of the permit.

Provide the following information:

Total number of Demonstration booths: \_\_\_\_\_ Frequency of garbage disposal: \_\_\_\_\_

NAME OF LICENSED MEDICAL WASTE DISPOSAL COMPANY \_\_\_\_\_

REGISTRATION NUMBER FOR MEDICAL WASTE DISPOSAL COMPANY \_\_\_\_\_

**ALL OF THE FOLLOWING INFORMATION SHALL BE PROVIDED WITH THE APPLICATION**

- Complete the ***Application for Temporary Event Health Permit – Sections A & D***
- List of Temporary Body Art Facilities (Participants) – **Section E**
- Site map that includes the following locations:
  - Building Entrances and Exits
  - Demonstration Booths
  - Toilet Facilities
  - Handwashing Sink(s) – Direct access to practitioner(s)
  - Potable Water Source(s)
  - Decontamination and Sterilization Area(s) – At least five (5) feet from procedure areas or a cleanable barrier
  - Eyewash Station(s)
  - Storage Area(s) for Backup Equipment and Supplies – The sponsor is required to provide adequate backup supplies that are stored properly.
  - Emergency Contact Information – Posted near the temporary body art event.
- Applicable fee for Sponsor of a Temporary Body Art Event
- Valid Photo Identification – Must be at least 18 years of age

I HEREBY ACKNOWLEDGE RECEIVING A COPY OF AND AGREE TO ABIDE BY THE *REQUIREMENTS FOR A SPONSOR OF A TEMPORARY BODY ART EVENT*

INITIALS

**PLEASE READ - DECLARATION AND SIGNATURE**

**ALL FEES ARE DUE AND PAYABLE PRIOR TO THE FIRST DAY OF OPERATION. Make checks payable to: COUNTY OF SAN BERNARDINO**

This application and all subsequent fees must be submitted prior to operation. Failure to pay will result in the assessment of a delinquent fee or closure.

I declare under the penalty of law, that to the best of my knowledge and belief, the statements made herein are correct and true. I certify that I am at least 18 years of age. I have knowledge of, and commitment to meet state law and relevant local regulations pertaining to body art safety. I hereby submit this application for health services in accordance with the laws, ordinances and regulations that are now and may herein after be in force by the Federal Government, State of California, and the County of San Bernardino pertaining to Body Art. I hereby consent to all necessary inspections incident to the issuance of a health permit and the operation of the business. Furthermore, I understand that failure to meet all requirements of the Safe Body Art Act and the County of San Bernardino may result in closure of my temporary body art event.

SIGNATURE OF SPONSOR	DATE
PRINT NAME	TITLE

**SECTION E LIST OF PARTICIPANTS / VENDORS**  
**(TO BE SUBMITTED BY SPONSOR OR EVENT ORGANIZER – SECTIONS A & B OR D)**

NAME OF EVENT	DATE(S) OF EVENT
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LOCATION

The following List of Participants / Vendors must be submitted to Division of Environmental Health Services (DEHS) along with *Application for Temporary Event Health Permit*.

As a Sponsor / Event Organizer, you are authorizing the List of Participants / Vendors to participate at the event stated above.

**Permits for Temporary Body Art Facilities and Temporary Food Facilities will only be issued to participants / vendors included in this list.**

Submit additional lists as needed.

**LIST OF PARTICIPANTS / VENDORS** **FOR OFFICE USE ONLY**

NAME OF THE TEMPORARY FACILITY	NAME OF OWNER/OPERATOR	PHONE NUMBER	E-MAIL ADDRESS	PR# / SR# / DNI (Do Not Inspect)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

**PLEASE READ - DECLARATION AND SIGNATURE**

I hereby give my approval to the participants / vendors listed above to participate in the Temporary Event for which I am a Sponsor / Event Organizer. I agree to abide by all requirements as a Sponsor / Event Organizer. Furthermore, I will not allow unauthorized participants / vendors to practice body art or serve food / beverages at this event.

SIGNATURE	DATE
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PRINT NAME	TITLE
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**SECTION F** **TEMPORARY BODY ART FACILITY**  
(TO BE SUBMITTED WITH SECTION A)

NAME OF EVENT

The Application for Temporary Event Health Permit along with the following information is recommended to be submitted at least 48 hours prior to the event. Health permits are non-transferable and must be posted in a conspicuous place within the temporary body art booth or location.

Temporary Event Health Permits will only be issued for temporary body art facilities (participants) that will be operating at an approved body art event. The event must have a permitted sponsor in accordance with AB 300 requirements.

A practitioner\* may, in the local jurisdiction of registration, practice in a temporary demonstration booth for **no more than 7 days in a 90-day period.**

Select the Types Of Activities:     TATTOO             BODY PIERCING             PERMANENT COSMETICS             BRANDING

I HEARBY ACKNOWLEDGE RECEIVING A COPY OF AND AGREE TO ABIDE BY THE *REQUIREMENTS FOR A TEMPORARY BODY ART FACILITY.* INITIAL

**PRACTITIONER INFORMATION**

NAME	REGISTRATION NUMBER	*COUNTY OF REGISTRATION	EXPIRATION DATE
1.			
2.			
3.			
4.			
5.			
6.			

\*A VALID AND CURRENT PRACTITIONER REGISTRATION ISSUED BY A LOCAL ENFORCEMENT AGENCY OTHER THAN THE COUNTY OF SAN BERNARDINO SHALL ONLY BE VALID FOR 5 CONSECUTIVE DAYS, OR 15 DAYS TOTAL, IN A CALENDAR YEAR. ATTACH ADDITIONAL PAPERWORK IF NECESSARY.

**PLEASE READ - DECLARATION AND SIGNATURE**

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I declare under the penalty of law, that to the best of my knowledge and belief, the statements made herein are correct and true. I certify that I am at least 18 years of age. I have knowledge of, and commitment to meet state law and relevant local regulations pertaining to body art safety. I hereby submit this application for health services in accordance with the laws, ordinances and regulations that are now and may herein after be in force by the Federal Government, State of California, and the County of San Bernardino pertaining to Body Art. I hereby consent to all necessary inspections incident to the issuance of a health permit and the operation of the business. Furthermore, I understand that failure to meet all requirements of the Safe Body Art Act and the County of San Bernardino will result in closure of my temporary body art facility.

SIGNATURE	DATE
PRINT NAME	TITLE