



**COMMUNITY EVENT  
EVENT ORGANIZER APPLICATION**  
(\*Submit 30 days in advance of the event)



\*Application submitted less than 14 calendar days prior to the start of the event will be subjected to an expedited processing fee.

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_ to: \_\_\_\_\_

Address of Event: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Event Organizer: \_\_\_\_\_ Time(s) of Event: \_\_\_\_\_ to: \_\_\_\_\_ Set Up Time: \_\_\_\_\_

Person(s) in charge: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

For-Profit     Non-Profit (Attach a copy of approved Exemption Certification for Community Event Form)

**Event held in:**

Enclosed Building     Open Field     City Street     Other: \_\_\_\_\_

TEMPORARY FOOD FACILITIES (TFF) SITE PLAN	NUMBER OF TFF PER TYPE
<p><b>Submit a site plan showing the general layout of the event indicating location of the following:</b></p> <ol style="list-style-type: none"> <li>Food Booths/Food Trucks/Carts</li> <li>Water Supply</li> <li>Toilet and Handwashing Facilities (quantity of each)</li> <li>Trash Disposal Containers (quantity)</li> <li>Location of Shared Warewashing Facilities</li> <li>Location of Animals, Rides, and Attractions</li> <li>Janitorial Facilities</li> </ol> <p><b>Note: Include distances of toilet facilities and animals from food booths.</b></p>	Food Preparation: _____
	Pre-packaged w/ Sampling: _____
	Food Demonstrator: _____
	Unpermitted Food Trucks/Carts: _____
	Subtotal: _____
	Pre-packaged: _____
	Permitted Food Trucks/Carts: _____
	Total TFF: _____

**TEMPORARY FOOD FACILITIES LIST**

Using the last page, provide a list of all temporary food facilities including food booths, and trucks/carts participating in the event. List the public health permit number for all food carts/trucks with Los Angeles County Public Health Permits. Mark yes on "requires warewash sink" for all temporary food facilities except for Los Angeles County permitted food trucks, carts, and pre-packaged food booths. Attach additional pages if needed.

**FOOD BOOTHS**

Food preparation booths must be constructed with 4 sides, a washable floor and overhead protection.  
Pre-packaged food booths require a washable floor and overhead protection.

Provided by:     Event Organizer     Food Booth Operator

Floor Material: \_\_\_\_\_ Wall Material: \_\_\_\_\_

Ceiling Material: \_\_\_\_\_ Size of Pass Through Window: \_\_\_\_\_

**TEMPORARY FOOD FACILITY HANDWASHING SINK REQUIREMENTS**

5 gallons warm water (100°F), soap, single-use towels in dispensers, and waste container available at each sink

Handwashing facilities within each booth provided by:     Event Organizer     Temporary Food Facility Operator

Type of hand wash set up :

Portable sink     Gravity-fed unit (see page 5 in Requirements)     Permanently plumbed sink

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Approved By: \_\_\_\_\_

### TEMPORARY FOOD FACILITY WAREWASHING SINKS

One warewashing sink may be shared by up to four TFFs if provided by the Event Organizer.  
Warewashing sink must be within 50 feet of TFFs, have overhead protection, and be inaccessible to the public

Warewashing facilities provided by:  Event Organizer  Temporary Food Facility Operator

Number of TFFs preparing foods: \_\_\_\_\_

Number of three-compartment sinks provided with hot and cold running water: \_\_\_\_\_

Potable water source:  Approved plumbing system  
 Reservoir Tanks: Volume of water per sink: \_\_\_\_\_

Method of liquid waste removal:  Plumbed to the sewer line  
 Drained to a waste holding tank

Waste tank maintenance schedule: \_\_\_\_\_ times/day \_\_\_\_\_ times/hour

Waste tank removal company information:

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Event Organizer is required to have emergency contact information for liquid waste removal company.

### FOOD HANDLER TOILET FACILITIES

One toilet is required per 15 food workers and must be located within 200 feet of all food facilities.  
Handwashing facilities must be adjacent to toilet facilities.

Total number of food booth, truck, and cart workers: \_\_\_\_\_ Number of toilets: \_\_\_\_\_

Distance from food booth(s) / food truck(s): \_\_\_\_\_

Number of handwashing sinks: \_\_\_\_\_ (One handwashing sink for every toilet)

How are handwashing facilities supplied with warm & cold running water?  Approved plumbing system  Reservoir Tanks

### PUBLIC TOILET FACILITIES

See chart on page 9 of Health Code Requirements for Community Events in LA County

Number of attendees anticipated during peak hours of operation: \_\_\_\_\_ Number of toilets provided: \_\_\_\_\_

Number of handwashing sinks: \_\_\_\_\_ (At least one handwashing sink for every four toilets)

How are handwashing facilities supplied with running water?  Approved plumbing system  Reservoir tanks

For multi-day events, how often are toilets serviced? \_\_\_\_\_ times/day

## PORTABLE TOILETS

How often are portable toilets serviced (waste removal)? \_\_\_\_\_ times/day

Portable toilet service company information:

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## WASTE REMOVAL/DISPOSAL

All central refuse collection containers must have tight fitting lids.

Number of trash containers: \_\_\_\_\_

How often are trash containers emptied? \_\_\_\_\_ times/day

Is there a central refuse collection site?  Yes  No

Is there a secondary site?  Yes  No

If animal waste is present, how often is it removed? \_\_\_\_\_ times/day \_\_\_\_\_ times/hour

Trash / animal waste removal company information:

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## ELECTRICAL POWER

Is electrical service provided for food equipment at booths?  Yes  No

Will electrical service be provided overnight for the storage of refrigerated foods?  Yes  No

## EVENT ORGANIZER ACKNOWLEDGEMENT

I have completed the application to the best of my ability. I understand that I may be asked to provide additional information in order for the application to be approved and that the information provided is considered part of the application. I understand that failure to provide required information will delay or prevent approval of the event.

I understand that failure to meet the conditions approved in this application may result in the suspension of approval to operate the event, suspension of the approval to operate the affected food booths, and/or may result in the filing of misdemeanor criminal charges.

I understand that I am responsible for obtaining approval from all applicable agencies, including the local fire department, building department and Alcoholic Beverage Control.

I understand that once the application is reviewed the application fee is non-refundable including any expedited processing fee.

### APPLICATION COMPLETED BY:

Print Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

