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## DEPARTMENT OF ENVIRONMENTAL HEALTH County of Riverside

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INFORMATIONAL BULLETIN NO. 68-95-DES

DISTRICT ENVIRONMENTAL SERVICES DIVISION

### FOR-PROFIT FOOD VENDORS OPERATING AT A COMMUNITY EVENT FOR THE BENEFIT OF A NONPROFIT ORGANIZATION

The California Health and Safety Code allows “for-profit” retail food vendors to operate without a food facility permit.

- At events that occur not more than 3 days in a 90 day period for the benefit of a nonprofit organization as noted in Section 113789 (c)(4).
- This section applies to for-profit entities that donates or sells food for the benefit of a non-profit association.
- The for-profit entity may receive recognition for participating in an event, but no monetary benefit may be received.

To request an exemption from permitting and fees, the for-profit vendor must complete and submit the following two documents to this department at least 10 business days prior to the event:

- “Declaration of For Profit Food Vendor” (Attachment I)
- “Sponsoring Nonprofit Association Declaration.” (Attachment II) The Non-Profit organization is required to provide proof of non-profit status.

Acceptable documents include:

1. Articles of Incorporation as a nonprofit organization.
  - Provided by the Secretary of State
2. IRS letter showing organization to be tax exempt.
  - Provided by Internal Revenue Service
3. State Franchise Tax Board letter showing organization tax exempt status.
  - Provided by the Tax Franchise Board
4. Certificate of Registration with the State Registry of Charitable Trusts.
  - Provided by the State Registry of Charitable Funds
5. Statement of Accountability.
  - A statement from the nonprofit organization stating how the funds are disbursed and amount of overhead expenses.

Retail food vendors are recommended to contact the Department of Environmental Health for guidance to help insure healthful, sanitary and safe conditions for members of the public attending the event. A vendor should refer to the Temporary Food Facilities Operator’s Guide, available online at [www.rivcoeh.org](http://www.rivcoeh.org), for recommended set-up and procedures.

\*Document available in an alternate format upon request

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**OFFICES IN: RIVERSIDE, BLYTHE, CORONA, HEMET, INDIO, MURRIETA AND PALM SPRINGS**

**For more information call (888) 722-4234**

**Department Web Site – [www.rivcoeh.org](http://www.rivcoeh.org)**

ATTACHMENT I

DECLARATION OF FOR-PROFIT FOOD VENDOR

This declaration is to affirm that \_\_\_\_\_  
(Name of for-profit food vendor)

is requesting exemption from the State Law requirements for a food facility permit under the provision of Section 113789 (c)(4) of the California Health and Safety Code, and will be giving or selling food at:

Name of Event: \_\_\_\_\_

Address or Location of Event: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

For the benefit of: \_\_\_\_\_  
(Name of Sponsoring Nonprofit Association)

I certify that the above is true and correct to the best of my knowledge and belief. I further certify under penalty of perjury that the above named for-profit food vendor will receive no monetary benefit other than that resulting from recognition from participating in the event.

Name of For Profit Food Vendor: \_\_\_\_\_  
(Please Print)

Phone: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

CA Driver's Lic. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Operator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

ATTACHMENT II

SPONSORING NONPROFIT ASSOCIATION DECLARATION  
(TO BE COMPLETED ON THIS FORM OR ON NONPROFIT ASSOCIATION LETTERHEAD)

Date: \_\_\_\_\_

County of Riverside  
Community Health Agency  
Department of Environmental Health  
4065 County Circle Drive  
Riverside, CA 92503

This is to advise you that \_\_\_\_\_ will be sponsoring  
(Name of Nonprofit Association)  
and receiving the benefit from the following for-profit food vendor(s) which will be giving or selling food  
at:

Name of Event: \_\_\_\_\_

Address or Location of Event: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

On the following date(s): \_\_\_\_\_

*List all for-profit food vendors giving or selling food (attach separate sheet if necessary):*

Vendor Name:	Owner Name:	Phone Number:	E-Mail Address:

It is our belief that the for-profit food vendor will receive no monetary benefit other than that resulting from recognition from participating in the event. A copy of a document showing our nonprofit status is attached to this letter.

Sincerely,

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
(E-Mail Address)