County of Riverside



DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

TEMPORARY FOOD FACILITY/COMMUNITY EVENT COORDINATOR'S APPLICATION

	Application Submission Date:		Organ	Organizer Fee	
			Vendors	Fee	
	Fees Pai	d:	1-5	\$347.00	
			6-10	\$643.00	
1.	Name of Event:		11-15	\$939.00	
			16-20	\$1,236.00	
2.	Location of Event:		21-25	\$1,531.00	
			26-30	\$1,827.00	
3.	Dates and Times of Event:		31-35	\$2,124.00	
			36-40	\$2,418.00	
4.	Event Coordinator Name:		41-45	\$2,715.00	
			46-50	\$3,010.00	
	Address:		51+	\$3,307.00	
	Phone No:	Email Address:			
5.	Number of Food Booths:				
6.	Name of Each Food Booth and Operator	:			
a.	Business Name:	Phone Number:	Email:		
	Operator Name:	Mailing Address:			
b.	Business Name:	Phone Number:	Email:		
	Operator Name:	Mailing Address:			
		-			
c.	Business Name:	Phone Number:	Email:		
	Operator Name:	Mailing Address:			
d.	Business Name:		Email:		
	Operator Name:	Mailing Address:			
	р : м	M N I	г и		
e.	Business Name:		Email:		
	Operator Name:	Mailing Address:			
f.	Business Name:	Phone Number:	Email:		
1.	Operator Name:	Mailing Address:			
	Operator Name.	Walling Address.			
g.	Business Name:	Phone Number:	Email:		
Θ.	Operator Name:	Mailing Address:			
	operator rume.	maining riddress.			
h.	Business Name:	Phone Number:	Email:		
	Operator Name:	Mailing Address:			
i.	Business Name:	Phone Number:	Email:		
	Operator Name:	Mailing Address:	_		
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For Our Office Locations Call Us at (888)722-4234 or Visit Our Website at www.rivcoeh.org

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7. Date, Time, Location of Pre-event Meeting with Food Vendors:						
8. Date and Time of Event Setup:						
9. Describe Restroom Facilities (Type, Number, Location)						
10. Will Electricity be Provided to Booths? 11. Describe Potable Water Supply:						
12. Describe Wastewater Disposal System:						
13. Describe Garbage Disposal Facility:						
Please use the rest of this page or attach a separate page for a site plan drawing. Be sure to include locations of food booths, shared utensil washing facilities, restrooms with hand washing stations, shared janitorial facilities and garbage disposal facilities.						

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Additional Vendors

j.	Business Name:	Phone Number:	_ Email:
	Operator Name:	Mailing Address:	
k.	Business Name:	Phone Number:	Email:
к.	Operator Name:	Mailing Address:	_ Email:
	operator runne.		
1.	Business Name:	Phone Number:	Email:
	Operator Name:	Mailing Address:	
m.	Business Name:	Phone Number:	Email:
	Operator Name:	N (- 11 · · · · · · · · · · · · · · · · ·	
n.	Business Name:	Phone Number:	Email:
11.	Operator Name:	Phone Number: Mailing Address:	_ Email:
	operator realite.	Waning Address.	
0.	Business Name:	Phone Number:	Email:
	Operator Name:	Mailing Address:	
p.	Business Name:	Phone Number:	_ Email:
	Operator Name:	Mailing Address:	
q.	Business Name:	Phone Number:	Email:
	Operator Name:	Mailing Address:	
r.	Business Name:	Phone Number:	Email:
1.	Operator Name:	Mailing Address:	Eman
	Operator Name.	Phone Number:	Email:
s.	Business Name:	Thone Number.	Linan.
ь.	Operator Name:	Mailing Address:	
	operator rume.		
t.	Business Name:	Phone Number:	Email:
	Operator Name:	Mailing Address:	
u.	Business Name:	Phone Number:	Email:
	Operator Name:	Mailing Address:	
	-		
v.	Business Name:	Phone Number:	Email:
	Operator Name:	3.6.11. 4.1.1	
	-		
w.	Business Name:	Phone Number:	_ Email:
	Operator Name:	Mailing Address:	
х.	Business Name:	Phone Number:	_ Email:
	Operator Name:	3.6 '1' 4.1.1	