



County of Riverside DEPARTMENT OF ENVIRONMENTAL HEALTH

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TEMPORARY FOOD FACILITY/COMMUNITY EVENT ORGANIZER'S APPLICATION

Application Submission Date: _____

Fees Paid: _____

Organizer Fee	
Vendors	Fee
1-5	\$347.00
6-10	\$643.00
11-15	\$939.00
16-20	\$1,236.00
21-25	\$1,531.00
26-30	\$1,827.00
31-35	\$2,124.00
36-40	\$2,418.00
41-45	\$2,715.00
46-50	\$3,010.00
51+	\$3,307.00

1. Name of Event: _____

2. Location of Event: _____

3. Dates and Times of Event: _____

4. Event Organizer Name: _____

Address: _____

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: _____ Phone Number: _____ Email: _____
Operator Name: _____ Mailing Address: _____

e. Business Name: _____ Phone Number: _____ Email: _____
Operator Name: _____ Mailing Address: _____

f. Business Name: _____ Phone Number: _____ Email: _____
Operator Name: _____ Mailing Address: _____

g. Business Name: _____ Phone Number: _____ Email: _____
Operator Name: _____ Mailing Address: _____

h. Business Name: _____ Phone Number: _____ Email: _____
Operator Name: _____ Mailing Address: _____

i. Business Name: _____ Phone Number: _____ Email: _____
Operator Name: _____ Mailing Address: _____

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: _____
Operator Name: _____ Mailing Address: _____
- l. Business Name: _____ Phone Number: _____ Email: _____
Operator Name: _____ Mailing Address: _____
- m. Business Name: _____ Phone Number: _____ Email: _____
Operator Name: _____ Mailing Address: _____
- n. Business Name: _____ Phone Number: _____ Email: _____
Operator Name: _____ Mailing Address: _____
- o. 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: _____
Operator Name: _____ Mailing Address: _____
Phone Number: _____ Email: _____
- s. Business Name: _____
Operator Name: _____ Mailing Address: _____
- 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: _____ Mailing Address: _____
- w. Business Name: _____ Phone Number: _____ Email: _____
Operator Name: _____ Mailing Address: _____
- x. Business Name: _____ Phone Number: _____ Email: _____
Operator Name: _____ Mailing Address: _____

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