# City of Dinuba Independence Celebration 2018

# APPLICATIONS DUE: MONDAY JUNE 18<sup>th</sup> @4:00pm (NO EXCEPTIONS)

The City of Dinuba Park and Community
Services Department is currently under
construction we are temporary located at the

**Dinuba Transit Center:** 

180 West Merced Street Dinuba, CA 93618



## **GENERAL INFORMATION**

The City of Dinuba Community Services Department invites food vendors, non-profit community service organizations, and craft vendors to apply to participate in the 2018 City of Dinuba Independence Day Celebration.

Event Date & Time: Wednesday July 3rd 2018, 6:30pm-10pm

Event Location: Centennial Park - 1591 W. Sierra Way - Dinuba CA

Application Deadline: Monday, June 18th 2018

Vendor Booth Size: 10' x 10' outdoor space

Mail Completed Application to: City of Dinuba, Community Services Department 1390 E Elizabeth Way Dinuba, CA 93618; Attn: Michele Tapia Fees: All vendor space fees are due with the application. The following types of payment are accepted: check, money order, cashier's check or cash.

Checks should be made payable to: City of Dinuba.

**Vendor Space Fees** 

Food and/or Beverage Sales \$150.00
Novelty Toys Sales \$65
Craft Sales \$10.00
Information Booth Free

# **VENDOR INFORMATION AND REQUIREMENTS:**

| □ Anticipated attendance: 5,000.  |
|---|
| □ Vendor Spaces will be assigned.   |
| □ Vendors are responsible for providing their own tables, chairs, canopies and                      |
| Generators and lighting.  |
| □ All vendors must be set-up in their assigned area by 6pm on Wednesday,                            |
| July 3rd, 2018 and remain set-up and in place until the Fireworks Show concludes at                 |
| approximately 10:00pm. Do not breakdown before or during the Fireworks Show.                        |
| ☐ All items for sale must be of good quality. A selection committee will review all                 |
| applications to determine the sale items appropriateness for this event.                            |
| □ All vendors are encouraged to show their patriotism by incorporating red, white and               |
| blue into their displays.   |
| □ All entries will be reviewed. The City of Dinuba reserves the right to deny access to             |
| any vendor that does not satisfy these guidelines.  |
| ☐ In order for the vendor application to be processed, applications must be                         |
| completed and all items on the VENDOR CHECKLIST must be enclosed.                                   |
| (No Exceptions)   |
| ☐ The City of Dinuba Independence Day Celebration will also include live                            |
| entertainment.  |
| □ For additional vendor information, please call Michele Tapia at (559) 591-5940.                   |
| VENDORS MUST SUPPLY ALL OF THE FOLLOWING WITH THEIR APPLICATION                                     |
| □ Sellers: Copy of State Board of Equalization Seller's Permit                                      |
| □ Food Vendors: Tulare County Temporary Food Permit for all food vendor booths.                     |
| □ Food Vendors & Sellers: Liability Waivers for <u>all individuals working</u> in your booth during |
| the event.  |



# LIABILITY WAIVER

I recognize and understand that officials, volunteers, and members of the City of Dinuba will not accept any responsibility for craft items or personal property left or lost at the City of Dinuba's Independent Day Celebration.

I realize every precaution is taken to eliminate any injuries or hazard and a competent supervisor is present; however, in the event of any injury, I hereby waive, release, defend and hold harmless from any liability for damages for personal injury including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against the supervisor, the City of Dinuba, its officers, agents, employees, and volunteers. I further permit the use of activity/event photography and/or video for media promotion.

| Participants Name:        |       |
|---------------------------|-------|
| Signature of Participant: | Date: |

For more information, or to return a completed entry form, please contact: Michele Tapia, Events Coordinator City of Dinuba, Community Services Department 1390 E Elizabeth Way Dinuba CA, 93618 Phone: (559) 591-5940 mtapia@dinuba.ca.gov

## Dinuba's Independence Day Celebration VENDOR APPLICATION

(Space is limited) Organization Name \_\_\_\_\_ Booth Operator Name\_\_\_\_\_ Email Address \_\_\_\_\_ Telephone \_\_\_\_\_ Mailing Address \_\_\_\_\_ City Zip California State Board of Equalization Permit #\_\_\_\_\_ Type of items for sale or display: (Check appropriate box) Craft ( ) Food ( ) Please check appropriate box: **Food Vendors** ☐ I have my Tulare County Temporary Food Permit **Craft Vendors** ☐ I have my sellers permit Please provide a detailed description of the items for sale Number of 10' X 10' spaces requesting: \_\_\_\_\_ SPACE FEE: Vendor Space **Vendor Space** (Check appropriate box) **Novelty Toys** Craft Space | Food Info. Total Fees Enclosed: 1st □ \$150 **□** \$10 \$65 ☐ Free **Application Deadline:** Space Monday, June 18th 2018 2<sup>nd</sup> **□** \$5 **\$25** ☐ Free \$15 Space For Office Use Only: Date Received \_\_\_\_ Accepted \_\_\_ Denied \_\_\_ Liability Waiver Form Fees Paid \_\_\_\_\_ Payment Type\_\_\_\_\_ Receipt Number\_\_\_\_ Copy of Sellers Permit. \_\_\_\_\_ Copy of Temporary Food Permit\_\_\_\_\_ Tulare County Vendor Application: \_\_\_\_\_ Notes: \_\_\_\_

### **TULARE COUNTY**



### **HEALTH & HUMAN SERVICES AGENCY**

Environmental Health Services 5957 S Mooney Blvd, Visalia, CA., 93277-9394 559 624-7400 • FAX 559 733-6932

TO:

**COMMUNITY EVENT FOOD BOOTH OPERATORS** 

FROM:

TULARE COUNTY ENVIRONMENTAL HEALTH SERVICES

RE:

TEMPORARY FOOD EVENTS HEALTH PERMITS

Community events that include serving food to the public present challenges to both professional and volunteer food vendors alike. The goal of providing safe food is shared by everyone involved. While professional food venders are usually familiar with regulatory requirements, often volunteers are not. Tulare County Environmental Health strives to work with the event organizer and food vendors to help make your event a success.

Food vendors participating in community temporary food events are required to observe the following:

- 1. All foods must be prepared at an approved food facility with a valid health permit kitchen such as a commercial food facility or onsite at the temporary food stand. Food that has been stored or prepared in a private home **may not be sold, offered for sale, or given away** in a temporary food facility with the *exception of an approved Cottage Food Facility*.
- 2. The Food Booth Health Permit Application Form must indicate the type of food which will be served and the location of the approved food facility where any or all food preparation will occur.

  The completed form and fees must be returned to the Event Organizer. The organizer must submit all completed vendor applications and fees at least two (2) weeks prior to the event.
- 3. Read and follow the "Temporary Food Facility Guidelines".

Temporary Food Vendor Fees effective July 1, 2017:

- Temporary Food Event 1-2 days \$62
- Temporary Food Event 3-25 days \$91
- Temporary Food Event Annual Single Vendor \$342
- Temporary Food Event Prepackaged/Food Sampling (1-2 days) \$20
- Temporary Food Event Prepackaged/Food Sampling (3-25 days) \$31
- Temporary Food Event Prepackaged/Food Sampling Annual Single Vendor \$42

If you have any questions or need clarification on any item, please feel free to contact the event organizer or this office at (559) 624-7400.

\*U.S. military veterans owning the product being sold from mobile food facilities or temporary event facilities may be exempt from paying the fees if they submit proof of an honorable discharge along with the enclosed Affidavit for Veteran's Fee Exemption in addition to the completed Food Vendor Application Form. (exemptions cannot be granted for alcohol sales)

# TEMPORARY FOOD EVENT VENDOR APPLICATION FORM

Tulare County Environmental Health Services 5957 S Mooney Blvd, Visalia, CA., 93277 559 624-7400 • FAX 559 733-6932

# EACH VENDOR IS TO RETURN THIS FULLY COMPLETED APPLICATION AND THE APPROPRIATE HEALTH PERMIT FEE OR PERMIT COPY TO THE EVENT ORGANIZER

| Name of Event: Dinuba Independence Celebration  | Date(s) of Event: July 3rd to:   |  |  |
|---|--|--|--|
| Food Sales Start Time: 6:00pm Food  | Sales End Time: 10:00pm  |  |  |
| Event Address/Location: Centennial Park 1591 W. Sierra Way  | City: Dinuba   |  |  |
| Business/Organization Name:   |  |  |  |
| Business Mailing Address:   | City/State/Zip:  |  |  |
| Applicant Name:   | Phone: ( )   |  |  |
| Email Address:  | Booth Number:  |  |  |
| VENDOR PERMIT TYPE: (single event vendors complete  A. Indicate the Single Event Temporary Health Permit you ar  ☐ Single Event Vendor Food Prep 1-2 days (\$62) ☐ Single   | e applying for:  |  |  |
| ☐ Single Event Vendor Prepackaged 1-2 days (\$20) ☐ Single  | gle Event Vendor Prepackaged 3-25 days (\$31)  |  |  |
| ☐ Veteran Exemption (complete Veterans exemption affidation)  B. Indicate the Tulare County Annual Permit you hold: (Annual Permit you hold: (Ann | vit form – see enclosed, & attach DD214  |  |  |
| Permit Name: Facility ID:   | Permit Expiration Date:  |  |  |
| $\ \square$ Tulare County Mobile Food Facility - Indicate Cart # or I   | icense Plate #:  |  |  |
| $\ \square$ Tulare County Catering Permit $\ \square$ Annual Single Vendor  | <ul> <li>Annual Prepackaged/Food Sampling Permit</li> </ul>  |  |  |
| FOOD OPERATION TYPE: (Check all that apply)   |  |  |  |
| <ul> <li>□ Pre-packaged food □ Pre-packaged with food sampling</li> <li>□ Food booth operator is registered with IRS as a non-prof (non-profit vendors do not require booth screen enclosure, an</li> </ul>   | it 501 (c) 1-10, or 19 organization  |  |  |
| PREPACKAGED VENDOR NOTE: Prepackaged food vendors are only required Food Preparers/Servers/Samplers must complete the ent   | to complete the first page of this application.  |  |  |
| All temporary food facilities shall provide a sign with the facility n  | ame, operator name, city, state, and zip.  |  |  |
| <ul> <li>Pre-packaged food booths require overhead protection made of</li> </ul>  |  |  |  |
| Pre-packaged food/beverages shall be kept 6 inches off the floor  |  |  |  |
| <ul> <li>At the end of the operating day, all Potentially Hazardous Foods that are held at 45 °F shall be destroyed.</li> <li>At the end of the operating day, all potentially hazardous foods held at or above 135 °F shall be destroyed.</li> </ul>   |  |  |  |
| <ul> <li>At the end of the operating day, all potentially hazardous foods held at or above 135 °F shall be destroyed.</li> <li>List the items you will be selling/serving:</li> </ul>   |  |  |  |
| I understand that if I process or can the prepackaged food item I   |  |  |  |
| Cannery License from the California Department of Public Health   | The state of the s |  |  |
| By signing this form I agree to comply with the above noted requirements, that the fees are nonrefundable and nontransferable, and certify to the best of my knowledge the statements made herein are true and correct.   |  |  |  |
| Applicant Signature: FA: Receipt  | #: OA Initials: Paid Amount:   |  |  |

Note: Vendors conducting food preparation must complete the entire application.

| POTABLE WATER  |   |   |   |  |  |  |
|--|---|---|---|--|--|--|
| Water source is from (check one): ☐ A Permitted Water System, ☐ Bottled Water, ☐ CDPH Licensed Water Vending Machine, ☐ CDPH licensed Water Hauler, or a ☐ Private Non Ag Well (Must provide Bacteriological, Nitrate, & Nitrite testing results and meet Safe Drinking Water Standards) |   |   |   |  |  |  |
| MENU   |   |   |   |  |  |  |
| Food preparation sh  | all be done either in ar  |   | Food Facility or at a pe  | rmitted food facility  |  |  |
| List food items to be served: (tacos, burritos, nachos, etc.)  | Check if commercially pre- packaged: (unopened original containers) | Identify types of preparation at offsite permitted kitchen: (cutting, washing, cooking) | Identify types of preparation at booth: (assembly, portioning, cooking, etc.) | Describe how food will be transported from a permitted food facility to the Temporary Food Facility: (ice chest, |  |  |
|  |   |   |   | chafing dish, etc.)  |  |  |
|  |   |   |   |  |  |  |
|  |   |   |   |  |  |  |
|  |   |   |   |  |  |  |
|  |   |   |   |  |  |  |
| ·  |   |   |   |  |  |  |
|  |   |   |   |  |  |  |
| <ul> <li>□ Check here if preparing</li> <li>□ Check here if preparing</li> </ul>   |   |   |   |  |  |  |
| Complete this section if No.  The food vendor listed on the following dates:   | you are going to prepa<br>o food shall be prepare                   | d at home. Permitted  | at an Environmental He<br>Cottage Food is allowed                             |  |  |  |
| Business Name Of Kitchen:  |   | Address Of Kitchen:   |   |  |  |  |
| City:  | State:  | Zip:  | Phone:  | Phone:   |  |  |
| Γacility ID:   |   | Type of Permit:   | Permit Exp  | Permit Expiration Date:  |  |  |
| Owner Signature:   |   | Print Name:   | Date:   |  |  |  |
| If the commercial kitchen in which food preparation will take place is located outside of Tulare County, the Local Environmental Health Department must sign below authorizing use of the commercial kitchen, and verifying a current permit.  |   |   |   |  |  |  |
| Signed by:   |   | Print Name:   | Date:   |  |  |  |
| County of:   |   |   |   |  |  |  |

Note: Complete the remainder portion of application in lieu of site plan.

| HOT/COLD HOLDING EQUIPMENT  Identify methods of maintaining hot food hot, or cold food cold during hours of operation. Check all that apply.   |  |   |                                 |  |
|--|--|---|---------------------------------|--|
| Cold Holding at 45°F or below:   | ☐ Mechanical Refrigerator                  | ☐ Ice Chest                                   | ☐ Cold Table                    |  |
| ☐ Mechanical Freezer   | □ N/A                                      | ☐ Other (Specify):                            |                                 |  |
| At the end of the operating day,   | all potentially hazardous foods that ar    | e held at 45°F <b>shall be destroye</b> d     | I.                              |  |
| Hot Holding at 135 °F or   | ☐ Steam Table - Hot hold Cabinet           | ☐ Chafing Dishes (candles)                    | ☐ Electric Crock Pot - Warmer   |  |
| above:   | ☐ Barbecue - Smoker                        | ☐ Hot Dog Roller Grill                        | ☐ Electric Rice Cooker          |  |
|  | □ N/A                                      | ☐ Other (Specify):                            |                                 |  |
| At the end of the operating day,   | all potentially hazardous foods held at    | or above 135°F shall be destroy               | ed.                             |  |
|  | THERMOME                                   | TERS REQUIRED                                 |                                 |  |
|  | ed probe thermometer will be provide       |   |                                 |  |
| ☐ An approved refrigerator styl  | e thermometer will be provided for al      | l cold holding equipment (refrige             | rators, freezers, & ice chests) |  |
| ldent  | FOOD PI<br>ify methods to protect food fro | ROTECTION om contamination. Check a           | all that apply.                 |  |
| ☐ Sneeze Guards  | ☐ Hinged Chaf                              | fing Dishes                                   | ☐ Serving Tongs                 |  |
| ☐ Serving/ Sampling Plate with   | Lid Prepared an                            | ☐ Prepared and Stored away from the customers |                                 |  |
| ☐ Food Compartments  | ☐ Other (Spec                              | ify):   |                                 |  |
| FOOD BOOTH CONSTRUCTION  |  |   |                                 |  |
| See Temporary Food Facility Guidelines available online or at our office for a full description of requirements.  *All temporary food facilities shall provide a sign with the facility name (in 3 inch size letters), and operator name, city, state, and zip (in 1 inch size letters).   |  |   |                                 |  |
| All temporary Food Facilities that   | handle non-prepackaged food require        |   |                                 |  |
| <ul> <li>Floors constructed of concrete, asphalt, tight wood, or other cleanable material in good repair.</li> <li>Overhead protection made of wood, canvas, or other to protect food preparation, food storage, and warewashing areas from rain, dust, bird/insect droppings and other contaminants.</li> <li>Full Enclosure of the facility with 16 mesh per square inch screens, and pass-thru windows.         <ul> <li>(Does not apply for non-profit vendors if inclement weather, insects, vermin, and birds are absent due to location of the facility or other limiting conditions. If conditions change, vendor must be prepared to enclose booth).</li> </ul> </li> <li>Limiting display and handling of nonprepackaged food in food compartments.</li> </ul> |  |   |                                 |  |
| ☐ Check here if operating in a fully enclosed food truck/trailer that meets or exceeds the booth construction requirements (go to next page)   |  |   |                                 |  |
| Floor Material:  |  | Wall Material:                                |                                 |  |
| Ceiling Material:  |  | Size of Pass-Thru Window:                     |                                 |  |

# WAREWASH SINK REQUIREMENTS Required if operating for more than four hours. Please Indicate what warewash sink you will use during the event if operating more than 4 hours. Warewashing sink is (check only one): □ Provided by event organizer □ Providing my own warewash sink □ I will be sharing the sink with the 3 following vendors below: ☐ I am a Non-Profit vendor and I will provide the minimum required 3 tub warewash setup to wash, rinse, and sanitize utensils. ☐ Located inside restaurant and food booth is within 100 feet of restaurant. Restaurant Name: ☐ Warewash sink is not Required – If the booth operates less than 4 hours per day, & provides extra utensils that are clean and sanitized. Utensil Wash Sink Warewashing Sink Water Source and Sewage Disposal (Check all that apply): Water Supply by food grade hose with back flow protection ☐ Water supply by self contained tank. Tank Size in Gallons: Waste water will be drained onto onsite sewer/septic through waste ☐ Waste water will drain into a tank. Tank Size in Gallons: HANDWASH SINK REQUIREMENTS Required if sampling, preparing food, and serving beverages. **Gravity Fed Unit** Handwashing sink provided inside food booth by (check only one): □ Event Organizer ☐ Food Booth Operator ☐ Not required (if serving prepackaged foods) Type of Handwashing sink (check only one): Gravity Fed 5 Gallon Unit with hands free dispensing, warm water, hand soap, paper towels, and an approved Waste water receptacle. - Is only allowed if event is 3 days or less Permanently Plumbed or Self Contained Portable Sink – required if event is 4 days or longer CLEANING AND REFUSE DISPOSAL Will multi use utensils (knives, scoops, spatulas, etc.) be used inside the booth for food preparation? □Yes □No **If marked yes,** $\square$ I will clean the utensils every 4 hours in a warewash sink. **If marked no,** ☐ if the event is less than 4 hours I will bring extra utensils and replace as needed. ☐ I will clean food contact surfaces at least every 4 hours, ☐ and I will clean the booth structure as often as needed. ☐ Refuse will be disposed of as often as needed, and at the end of the event at the organizer's designated location. By signing this form I agree to comply with the above noted requirements, that the fees are nonrefundable and nontransferable, and certify to the best of my knowledge the statements made herein are true and correct. Applicant Signature: \_\_\_\_\_\_ Date:\_\_\_\_\_

This form is available at www.tularecountyeh.org

### **TULARE COUNTY**

**HEALTH & HUMAN SERVICES AGENCY** 

### Environmental Health Services

5957 S Mooney Blvd, Visalia, CA., 93277-9394 559 624-7400 ◆ FAX 559 733-6932

### **VETERAN'S FEE EXEMPTION REQUEST FORM**

This exemption is in accordance with Section 16102, Business and Professions Code, which allows every United States Veteran, who has received an honorable discharge or a release from active duty under honorable conditions, to hawk, peddle, sell any goods, or merchandise owned by him, (except spirituous, malt, vinous or other intoxicating liquor), without payment of any license, tax or fee to vend the merchandise.

This affidavit is to be filed with the Tulare County Environmental Health Services Division in conjunction with the application for a Health Permit to sell or give away food to the public.

| Business Name: _                          |                                      |  |                                     |                               |  |
|---|--------------------------------------|--|-------------------------------------|-------------------------------|--|
|   |                                      |  |                                     |                               |  |
| Mailing Address:                          |                                      |  | Phone #:                            |                               |  |
| Business Owner (Veteran):                 |                                      |  |                                     |                               |  |
| Owner Address:                            |                                      |  |                                     |                               |  |
| Business Descriptio                       | n: Describe kind                     | ds of food sold and ty                     | pe of facility sold                 | I from:                       |  |
|   |                                      | lcoholic beverages o                       |                                     | □ No                          |  |
|   |                                      | eased from the US S                        |                                     | □ No                          |  |
| Are you the sole ow                       | Ū                                    |  | ☐ Yes                               | □ No                          |  |
| Verification of Owr                       | ier Veteran Idei                     | ntity:                                     |                                     |                               |  |
| Drivers License No                        | ).                                   | State                                      | Expiration Dat                      | e                             | Birth Date   |
| Service Branch:                           | Army □                               | ——<br>Navy □ USM0                          | USAF [                              | USCG                          | <del></del>  |
| Service Documentat                        | ion: Attach a co                     | ppy of Veterans <i>Hon</i>                 | orable Discharg                     | e Form (DD2                   | 14).   |
| affidavit and DD21<br>that a vendor appli | 4 on file so you<br>cation is always | u do not have to re<br>s required to be su | submit for ever<br>bmitted with a c | y event that<br>opy of the ar | s we keep your Veteran<br>you attend. Please note<br>nual health permit. |
|   |                                      | PERJURY, BY THE<br>RUE AND CORRECT         |                                     | STATE OF (                    | CALIFORNIA, THAT THE   |
| Veteran Signature                         |                                      | Date                                       | EHS Specialist                      |                               | Date   |
| Approved: □                               | Denied: □                            | Reason                                     |                                     |                               |  |