



### EVENT ORGANIZER APPLICATION

(Applications submitted less than 14 calendar days prior to the start of event will be subjected to an expedited processing fee)  
**TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.**

ORGANIZER INFORMATION	EVENT INFORMATION
<b>Organizer DBA:</b>	<b>Event Name:</b>
<b>Mailing Address:</b>	<b>Date(s) of Event:</b>
<b>Event Organizer's Name and Contact Number:</b>	<b>Event Address:</b>
<b>Event Organizer's Email:</b>	<b>Event Location:</b> <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event
<b>Number of Temporary Food Facilities (TFFs) by Type</b>	<b>Hours of Event</b>
Food Preparation: _____ Prepackaged Only: _____ Prepackaged with Sampling: _____ Food Demonstration: _____ Permitted Food Trucks/ Carts: _____  <b>Total Number of Food Facilities:</b> _____	Set Up Hours: _____  Event Hours: _____  <b>Anticipated Maximum Attendance at Peak Time:</b> _____
<b>On-site (Person in Charge) Contact:</b>	<b>Type of Organization:</b> <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable – Not for Profit

**Provide a Site Plan of the Community Event indicating the location of the following:**

1. Temporary Food Facilities (include DBA if available)
2. Water supply
3. Toilet and handwashing facilities (quantity of each)
4. Trash disposal containers (quantity)
5. Location of shared warewashing facilities
6. Refrigerated trailer, if provided
7. Janitorial facilities
8. Location of animals, rides, attractions (include distance of food facilities from live animals)

**DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY**

Date Application Received:	Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No ( See reason below)	Reviewer Signature  Date:
Health Fee:	Late Fee:	Total Fees:
Permit Restrictions:		

Number of TFFs participating in the event: \_\_\_\_\_

**Food Booths**

- Provided by Event Organizer
- Provided by the Food Booth Operator

Size: \_\_\_\_\_  
Wall Material: \_\_\_\_\_  
Floor Material: \_\_\_\_\_  
Size of Pass-Through Window: \_\_\_\_\_

▫Food preparation booths must be constructed with 4 sides, a washable floor and overhead protection.  
▫Prepackaged food booths require a washable floor and overhead protection.

**Toilet Facilities for Food Handlers**

Number of food workers: \_\_\_\_\_  
Number of toilets: \_\_\_\_\_  
Number of handwashing sinks: \_\_\_\_\_  
Distance from food workers: \_\_\_\_\_

▫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.  
▫Hand soap, single-use towels, and trash receptacle must be provided at all handwashing sinks.

**Warewashing Sinks**

- Provided by Event Organizer
- Provided by Food Booth Operator

Number of TFFs preparing food: \_\_\_\_\_  
Number of three-compartment sinks provided with hot (120F) and cold running water: \_\_\_\_\_

Water Source  
 Approved plumbing system  
 Reservoir tank - gallons of water per sink: \_\_\_\_\_

▫One warewashing sink may be shared by up to 4 TFFs.  
▫Warewashing sink must be adjacent to the TFF, have overhead protection, and be inaccessible to the public.

**Food Storage**

Is a refrigerated trailer provided for temporary food establishments  Yes  No  
Indicate location of refrigerated trailer on Site Plan.

**Electrical Supply**

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

**Refuse Removal**

Identify company responsible for refuse disposal:  
\_\_\_\_\_  
Number of trash containers: \_\_\_\_\_  
How often are trash containers emptied?  
\_\_\_\_\_  
Is there a central refuse collection site? Indicate on Site Plan  Yes  No

**Petting Zoo**

Live animals/ petting zoo at the event?  
 Yes  No  
Handwashing facility with signage at petting zoo exit  
 Provided by Event Organizer  
 Provided by Petting Zoo  
▫Animal areas must be located at least 20 feet from any food booth and should not be upwind from any food booth or eating area.

**Liquid Waste Removal**

Provided by Event Organizer  
 Provided by Food Booth Operator  
Identify responsible party for liquid waste removal: \_\_\_\_\_  
Frequency of liquid waste removal: \_\_\_\_\_ per day

**List Participating Food Booths, Food Trucks and Food Carts:**

Attach additional pages as necessary

Business Name	Contact Name, Email and Phone Number	Booth #	Number of Food Workers	Requires Warewashing Sink (Y or N)	Type of TFF

**Event Organizer Acknowledgment**

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 acknowledge I have read and understood the Community Event Requirements provided. 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 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, Human Services and Recreation, Public Works 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: \_\_\_\_\_

Applications may be submitted in person, by email [cachavez@cityofpasadena.net](mailto:cachavez@cityofpasadena.net) or faxed (626) 744-6116 attention Carmina Chavez. Payment is due at time of submission. To pay by credit card complete the Credit Card Authorization Form. Checks are not accepted.