

TEMPORARY FOOD EVENT APPLICATION

EVENT INFO

Event Name:	Date of Event:	
Time Vendor will be set up for inspection:	Time Frame of Event:	
Event Address:		
City:	State:	ZIP:
Event Coordinator Name/Organization:		
Event Coordinator Email:	Event Coordinator Phone:	

VENDOR INFORMATION

Business Owner/Entity Name:		
Mailing Address:		
City:	State:	ZIP:
Phone:	Email:	
Onsite Operator:	Phone:	
Site set up: ☐ Food Truck ☐ Trailer ☐ Table ☐ Tent ☐ Other: _____		

FOOD PREPARATION

PLEASE NOTE: ANY FOOD PREPPED BEFORE THE EVENT MUST BE PREPARED IN A LICENSED, INSPECTED KITCHEN

Where is food purchased? (maintain receipts for inspection):			
Where will food be prepared?:			
If food is prepared at a commissary please fill out the following information:			
Commissary Name:		Commissary Address:	
City:	State:	ZIP:	Phone:

MENU INFORMATION

Menu Items to be served: _____

Please complete page 2 >>>

PRE-SCREENING DOCUMENTATION REQUIRED

Copies of the following items must be submitted with your application prior to the event:

1. Business License and Certificate of Insurance
2. Food Safety Program Certification
3. Last Inspection report
4. Commissary License – if applicable
5. Commissary Inspection report – if applicable
6. Photos of truck equipment and sinks – if applicable for truck or trailer

All stages of food activities require Health Department oversight. Commissary kitchen paperwork in another business name will not be accepted.

FEES

Please Note: Fees are waived for non-profit organizations; however, fees are not waived for for-profit vendors at non-profit organizations' events

TYPE OF LICENSE (please check and include applicable fee with application)

1 to 3-day license (\$100.00) _____

4 to 7-day license (\$150.00) _____

4 hours (\$25.00) _____

Non-profit organization (\$0) _____

Farmer's Market/Seasonal Event (\$50) _____

I certify to the best of my knowledge that all information supplied is true and correct. I have received, read and understand "Requirements for Temporary Food Events." I understand that event participation approval is based on Health Department application review and vendor pre-screening.

Signature: _____

Date: _____

***COMPLETED APPLICATIONS NEED TO BE SUBMITTED TO THE
OAKLAND HEALTH DEPARTMENT AT LEAST 14 DAYS PRIOR TO THE EVENT***

**For Office Use Only
Reviewed and Approved by:**

Name: _____

Date: _____

Fee: _____

Paid by: ☐ Cash ☐ Money Order ☐ Check CK# _____

Fee paid by: ☐ Promoter ☐ Directly