

**Environmental Management  
Department**

Marie Woodin, Director



**APPLICATION FOR PERMIT TO OPERATE  
COMMUNITY EVENT**

<b>EVENT (Facility)</b>	Name of Event: _____ Address of Event: _____ City: _____ State: _____ Zip: _____ Date(s) of Event: _____ Time Event Starts: _____
<b>BILL</b>	Billing Name: _____ Phone: _____ Billing Address: _____ City: _____ State: _____ Zip: _____
<b>EVENT COORDINATOR (Owner)</b>	Event Contact Person: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ (home or office) Email: _____

**FOR THE PURPOSE OF THIS APPLICATION, A FOOD BOOTH SHALL BE IDENTIFIED AS A TFF (TEMPORARY FOOD FACILITY)**

COMMUNITY EVENT COORDINATOR	FEE	PE	NUMBER OF VENDORS PERMITTED FOR EVENT
<input type="checkbox"/> 5 OR LESS TFF (ALL NONPROFIT)	N/A	1670	MULTI EVENT VENDORS (MEV) (LOW RISK)
<input type="checkbox"/> EVENT WITH 5 OR LESS TFF	\$362.00	1668	MULTI EVENT VENDORS (MEV) (HIGH RISK)
<input type="checkbox"/> EVENT WITH 6 OR MORE TFF	\$493.00	1669	MOBILE FOOD FACILITIES (CATEGORY A-D)
NUMBER OF FOOD BOOTHS	FEE	PE	
<input type="checkbox"/> TFF (PRE PKG/LOW RISK)	\$75.00 ea.	1671	*If an event consists of only one booth (either TFF or MEV), DO NOT charge coordinator fee, charge appropriate TFF booth fee only.
<input type="checkbox"/> TFF (FOOD PREP/HIGH RISK)	\$158.00 ea.	1672	*If an event consists of 2-3 low risk TFF/MEV booths, do not charge booth fees, charge \$362.00 coordinator fee only.
			*Number of MEV/MFFs should never contribute to "6 or more" coordinator fee.
<input type="checkbox"/> <b>1674 - LATE FEE / APPLICATION NOT SUBMITTED TWO WEEKS PRIOR TO EVENT AND/OR BOOTH(S) ADDED \$150.00</b>			
<input type="checkbox"/> <b>1673 - PENALTY FOR FAILURE TO OBTAIN PERMIT PRIOR TO COMMUNITY EVENT \$233.00</b>			

I hereby accept responsibility as coordinator or authorized representative of the above mentioned community event. I will comply with all state and local laws and will ensure compliance by all food vendors operating at the community event identified above. I confirm that the location of this event meets all land use, water supply, waste disposal, restroom and parking requirements and that approval has been obtained from all pertinent agencies.

Signed \_\_\_\_\_ Title/Position \_\_\_\_\_ Date \_\_\_\_\_

OFFICIAL USE ONLY			
<p><b>CALCULATIONS</b></p> <p>COMMUNITY EVENT COORDINATOR FEE = \$ _____ +</p> <p>TOTAL LOW RISK BOOTHS _____ X \$ 75.00 = \$ _____ +</p> <p>TOTAL HIGH RISK BOOTHS _____ X \$158.00 = \$ _____ +</p> <p align="right"><b>TOTAL FEES = \$ _____</b></p>	<p><b>CALCULATIONS FOR LATE FEES / PENALTY</b></p> <p align="right"><b>LATE FEE = \$ _____ +</b></p> <p align="right"><b>PENALTY FOR NO PERMIT = \$ _____ +</b></p> <p align="right"><b>TOTAL FEES = \$ _____ +</b></p> <p align="right"><b>TOTAL WITH LATE FEES/PENALTY = \$ _____</b></p>		
EMD RECEIPT#: _____ AMOUNT PAID: _____ DATE PAID: _____ ACCOUNT #: _____			
<input type="checkbox"/> NEW EVENT <input type="checkbox"/> ANNUAL EVENT FACILITY ID #: _____ CT: _____ SPECIALIST: _____			
PROGRAM RECORD #: _____ PE: _____ REINSPECTIONS: # HIGH RISK _____			
		# LOW RISK _____	
COMMENTS: _____			
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED BY: _____		DATE: _____	

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