Environmental Health & Safety - Temporary Food Facility

Permit Application

DEADLINE FOR PERMIT APPLICATIONS IS FIVE (5) WORKING DAYS PRIOR TO THE PREPARATION/SALES/DISTRIBUTION OF FOOD.

**Step 1.**

Please print and complete all applicable information. Incomplete applications will be returned.

Permits are only valid for one (1) event.

Permit Request Type:
- [ ] Fall
- [ ] Spring
- [ ] Summer
- [ ] Quad Tabling
- [ ] Coffee Cart
- [ ] Other _______________________________
- [ ] Single Event (name of event) ____________________________________________

Do you have the need for an event application, if so is it completed?  [ ] Yes  [ ] No

Event Name: ________________________________________________________________

Responsible Person: __________________________________________________________

Phone #: ______________________ Email Address: ________________________________

Other Food Workers (name and HSU email): ______________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Date(s) and hours of operation: _______________________________________________

Vending/Distribution Location: ________________________________________________

Food(s) and/or beverage(s) to be offered: _________________________________________
___________________________________________________________________________

Will preparation of food take place at the temporary food facility site?  [ ] Yes  [ ] No

If Yes - describe food preparation process: ________________________________________
___________________________________________________________________________

Approved by: ______________________________________________________________

_______________________________________________   _____________________
Food Safety Officer Signature                     Date

See back!
Step 2.

Read the following statement and then sign and date below.

I AM FAMILIAR WITH OPERATIONAL REQUIREMENTS FOR TEMPORARY FOOD FACILITIES AND WILL COMPLY WITH ALL LEGAL REQUIREMENTS AND THE REQUIREMENTS SET FORTH IN THIS POLICY. I UNDERSTAND THAT ANY PERSON WHO OPERATES A FOOD FACILITY SHALL OBTAIN ALL NECESSARY PERMITS TO CONDUCT BUSINESS, INCLUDING BUT NOT LIMITED TO, THIS PERMIT ISSUED BY HSU - EH&S. I UNDERSTAND THAT FAILURE TO COMPLY WITH THE LEGAL REQUIREMENTS MAY CONSTITUTE A MISDEMEANOR UNDER SECTION 114395 OF THE CALIFORNIA HEALTH AND SAFETY CODE, PUNISHABLE BY A FINE OF NOT LESS THAN TWENTY-FIVE DOLLARS ($25) OR MORE THAN ONE THOUSAND DOLLARS ($1,000) OR BY IMPRISONMENT IN THE COUNTY JAIL FOR A TERM NOT EXCEEDING SIX MONTHS, OR BY BOTH FINE AND IMPRISONMENT. I UNDERSTAND THAT THE FOOD SAFETY OFFICER SHALL HAVE ENFORCEMENT AUTHORITY OVER ALL FOOD VENDING/DISTRIBUTION OPERATIONS ON THE HUMBOLDT STATE UNIVERSITY CAMPUS.

For more information about the policies, please visit: http://humboldt.edu/policy/PEMP10-02Temporary-Food-FacilitiesFood-Sanitation-Policy

Responsible Person Printed Name/Phone #/HSU Email

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<th>Signature of Responsible Person</th>
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Have all persons associated with food preparation, acquisition and/or sale/distribution completed Food Safety training?  ☐ Yes ☐ No

Please return completed form to Environmental Health and Safety Office (Student Business Services building room 311 or at ehs@humboldt.edu) for further processing. Once permit is submitted, all listed food workers will be added to the Food Safety training course. Upon completion of the course, you will receive your certificate in your email for your record. If requested you will need to provide a copy of the certificate to Food Safety or outside agencies.

EHS Representative

Date

OFFICE USE ONLY

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<th>Application Status:</th>
<th>Accepted ☐</th>
<th>Denied ☐</th>
<th>Pending ☐</th>
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