Public Health
Environmental Health Services

www.SBCounty.gov
www.sbcounty.gov/dph/dehs
Phone: (800) 442-2283

# DECLARATION FOR FOOD FACILITY EXEMPTION AT TEMPORARY EVENTS

| THIS SECTION TO BE COMPLETED BY APPLICANT / EVENT ORGANIZER | | | |
|---|---|---|---|
| **APPLICANT / EVENT ORGANIZER INFORMATION** | | | |
| Name of Applicant/Event Organizer | | Phone Number | |
| Business Address | City | State | Zip |
| Mailing Address | City | State | Zip |
| Email | | | |
| **DETAILS OF EVENT** | | | |
| Name of Event | | | |
| Date(s) of Event | | | |
| Site Address | City | State | Zip |
| Setup Time (From) to | Time Open to Public (From) to | | |
| **SIGNATURE** | | | |

It is my understanding that based on this special status, food operations conducted by this entity will be exempt from environmental health permit and inspection requirements but will receive food safety guidelines from the event organizer. Under penalty of perjury, I declare that the foregoing is true and correct, and that the above named for-profit entity (if applicable) will receive NO monetary benefit other than that resulting from recognition for participating in the event.

| | | |
|---|---|---|
| Signature X | | Date |
| Print Name | Title | |
| Cell Phone Number | Email | |

***CalCode 113789(c)(3)*** *(3) A church, private club, or other nonprofit association that gives or sells food to its members and guests, and not to the general public, at an event that occurs not more than three days in any 90-day period.*

***CalCode 113789(c)(4)*** *A Food Facility does not include "a for-profit entity that gives or sells food at an event that occurs not more than three days in a 90-day period for the benefit of a nonprofit association, if the for-profit entity receives no monetary benefit, other than that resulting from recognition from participating in an event."*

| For Office Use Only | For Office Use Only | For Office Use Only | For Office Use Only | For Office Use Only |
|---|---|---|---|---|
| Fee: | FA Number: | Record ID: | | PE Number: |
| Late Fee: ☐ Y ☐ N | Designated Employee: | Received By: | | Date: |
| Check One: ☐ New ☐ Transfer ☐ Reactivate | | Changes (please specify): | | |



Rev. 111015

| LIST OF PARTICIPANTS / VENDORS (TO BE SUBMITTED BY APPLICANT / EVENT ORGANIZER) | |
|---|---|
| Name of Event | Date(s) of Event |
| Location | |

The following List of Participants / Vendors must be submitted to Division of Environmental Health Services (DEHS). Submit additional lists as needed.

| LIST OF PARTICIPANTS / VENDORS | |
|---|---|
| **NAME OF THE PARTICIPANTS / VENDORS** | **DESCRIPTION OF FOOD BEING DONATED** |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
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| 16. | |
| 17. | |
| 18. | |
| 19. | |
| 20. | |