

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:	Operating Hours From:		: То:			
Betap finite. Operating floats. From:						
 The above described event is exempt from an Environmental Health Permit based on the following code sections. Specify applicable code section (<i>SELECT ONE</i>). CalCode 113789(c)(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." Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnites. The Contractor's indemnification poligation applies to the County's "active" as well as "passive" negligence but does not apply to the County is "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782. I declare under penalty of law, that to the best of my knowledge and belief, the statements made herein are correct and true. I acknowledge the rules and regulations set forth by the San Bernardino County, Environmental Health Services (EHS). I understand, as the event organizer, I am responsible for ensuring food is prepared and served in a safe and sanitary manner, following food safety guidelines a						
have read, understand and accept any terms and conditions of this form. Signature:					Date:	
			I			
Print Name:	Title:		Cell Phone Number:			
THE FOLLOWING INFORMATION MUST BE PROVIDED WITH THE APPLICATION						
Verification of non-profit status: 501(C)(3) Franchise Tax Board - Exempt Federal Determination Letter						
	or Office Use Only Approved By:			Data:		
Exemption Verified: Yes No	лррготеч ву.			Date:		