



**COMMUNITY EVENT TEMPORARY FOOD FACILITY  
OPERATOR'S AGREEMENT FORM**

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Dates and Times of Event: \_\_\_\_\_

Set-Up Time(s) at Event: \_\_\_\_\_

Name of Food Facility: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Name of Person in Charge: \_\_\_\_\_

Check One:             Booth                             Mobile Food Facility

If booth, describe enclosure (floor, walls, ceiling): \_\_\_\_\_

Food and beverage to be served: \_\_\_\_\_

Where will food be prepared: \_\_\_\_\_

How will food/beverage be prepared and served: \_\_\_\_\_

List of cooking equipment that will be set-up at event: (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Oven, # of units: _____        | <input type="checkbox"/> Vertical Broiler, # of units: _____ |
| <input type="checkbox"/> Fryer, # of units: _____       | <input type="checkbox"/> BBQ, # of units: _____              |
| <input type="checkbox"/> Flat grill, # of units: _____  | <input type="checkbox"/> Stove or Range, # of units: _____   |
| <input type="checkbox"/> Other (please describe): _____ |  |

Fire extinguisher?  Yes     No (Check with city/county fire department for rating)

How will cooking equipment be ventilated? \_\_\_\_\_

How will food be held hot (above 135°F)? \_\_\_\_\_

How will food be held cold (below 45°F)? \_\_\_\_\_

How will temperatures be monitored? \_\_\_\_\_

Describe hand wash setup: \_\_\_\_\_

Describe utensil wash setup: \_\_\_\_\_

What type of sanitizer will you be using?  Chlorine (100ppm, 30 seconds contact time)  
 Quaternary Ammonium (200ppm, 60 seconds contact time)

Do you have test strips to monitor the sanitizer concentration?  Yes  No

Will any food or equipment be stored outside of booth or mobile food facility?  Yes  No

If yes, how will food be dispensed, stored, and protected; how will equipment be stored and protected?  
\_\_\_\_\_

**I agree to adhere to the following requirements to operate at said event:**

- Name of facility in at least 3" high lettering and city, state, zip code and name of the operator shall be in at least 1" high lettering legible and clearly visible to patrons.
- Hand washing facilities shall be provided at operations handling any open food. Hand washing facilities shall be properly stocked with warm (minimum 100°F) water, soap, and paper towels and used as often as necessary to keep hands clean and protect food from cross-contamination. **Note: gloves and/or hand sanitizer are not approved replacements for hand washing.**
- All food and beverage items will be stored, displayed, prepared/processed at an approved facility.  
If applicable: Permitted Food Facility Name: \_\_\_\_\_

Permit/Registration Number: \_\_\_\_\_

- Cold and hot holding equipment shall be provided to ensure proper temperature control during transportation, storage, and operation of the temporary food facility.
- All potentially hazardous foods will be held at or below 45°F or at or above 135°F. At the end of the operating day, any food held above 41°F shall be discarded. Probe thermometers shall be provided to monitor temperatures.
- Ice is considered a food and shall remain off the ground, stored in clean, sanitized food grade containers and properly dispensed by the operator of the temporary food facility or in an approved bulk dispensing unit(s).
- All equipment shall be maintained in a clean and sanitary condition.
- Equipment shall be washed in warm (minimum100°F) soapy water, rinsed and sanitized either in a 3-compartment warewashing sink or 3-bucket system as approved by this Department depending on length of event. Sanitizer testing equipment shall be on-site to measure concentration of sanitizer.
- Temporary Food Facilities handling any open food must provide **completely enclosed booths**. Contact this Department prior to event for approval of alternative food protection means.

- Significant changes of menu items not on this agreement shall be discussed and approved by this Department prior to event.

I understand the above requirements and agree to operate in a manner to protect public health and food from possible contamination.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Phone Number Day of Event:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**PLEASE FAX TO AREA OFFICE PRIOR TO EVENT**

**Riverside**  
(951) 358-5017

**Hemet**  
(951) 766-7874

**Corona**  
(951) 520-8319

**Murrieta**  
(951) 461-0245

**Indio**  
(760) 863-8303

**Palm Springs**  
(760) 320-1470

**For Office Use Only**

**Reviewed By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Notes:**