

## NON-PROFIT COMMUNITY EVENT ORGANIZER **PERMIT APPLICATION**

Solano County Department of Resource Management, Environmental Health Services Div. 675 Texas Street, Suite 5500, Fairfield, CA 94533

707-784-6765 Fax: 707-784-4805 <u>www.solanocounty.com</u>

OFFICIAL USE ONLY				
Site #: 16F B				
Approved by:				
Date:				

This form can only be used for Non-Profit Community Events that have been approved previously by the Environmental Health Services Division.

A. Contact Information:					
Non-Profit Organization Name		Tax ID #			
Organizer's Name		Organizer's Mailing Address			
Organizer's Phone		Organizer's E-mail Address			
Business Name Sponsor		_			
B. Event Information:					
Event Name Event Location	Date and Time	# of Non-Profit food facilities proposed	Site Plan (check one)	Proposed Food Facility Operator List (check one)	
	Start		☐ on-file with Env. Health Division	☐ Same as previous event	
	Food		Event Name (if different):	□ attached	
	End		Calendar Year:	☐ Will be submitted at least 14 days	
			☐ modified site plan attached	prior to the event	
C. Community Event Organizer A	Agreement (Ch	neck all below, a	nd sign on #7):		
<ol> <li>I have read and understand the www.solanocounty.com.</li> </ol>	"Community Ev	ent Organizer Res	sponsibilities" available in ha	rd-copy or on-line at	
2.   I agree to have all food facility operators apply for a food permit from the Solano County Environmental Health Services Division at least 14 days prior to the event. All food facility operators shall obtain approval to operate from Environmental Health Services Division prior to the event.					
3. ☐ The event has restroom facilities ☐ One toilet for every 15 food service employees; must be within 200' of food facility ☐ Hand washing facilities (hand sink, hand cleanser and single use hand towels for each toilet facility)					
4. □ The event has water supply (check one) □ municipal □ public well □ holding tanks □ other approved source					
5. ☐ The event disposes wastewater to ☐ sewer ☐ septic system ☐ holding tank ☐ other approved method					
6. ☐ An adequate number of refuse bins to collect garbage are provided.  I acknowledge that all information on this application and any required supporting forms is true:					
7. Event Contact Person Signature	. Event Contact Person Signature Date				