



July 16, 2019

Dear Prospective Booth Concessionaire:

The Azusa Golden Days Carnival is quickly approaching. This year's Carnival is going to be held Friday October 11<sup>th</sup> thru Sunday October 13<sup>th</sup>, 2019. Applications for food, craft, novelty, or game booths are being accepted Monday August 5, 2018-Thursday September 5, 2019 ONLY. You will need to have a 501c3 letter for your nonprofit organization with your application. Please see the attached documents for more information regarding this year's booth requirements. **We will be having a mandatory concessionaires meeting on Tuesday September 24, 2019 at 6:00 p.m. at Memorial Park- 320 N. Orange Place Azusa CA 91702.** This meeting is vital to all groups, as we will be discussing all 2019 L.A. County Health Department requirements and representation from your group is necessary. I hope your group will be interested in operating a food booth at this year's carnival. This is an excellent opportunity to raise money for your organization and to be part of our annual community celebration. This year's theme is "The Golden Heart of Azusa."

Este año el carnaval de Azusa Golden Days se llevara acabo los días viernes 11 de octubre al domingo 13 de octubre del 2018. Se aceptaran aplicaciones para vender comida, manualidades y juegos desde el lunes, 5 de agosto al jueves 5 de septiembre solamente. **El maetes, 24 de septiembre a las 6 de la tarde tendremos una reunión obligatoria de concesionarios situada en el parque Memorial Park- 320 N. Orange Place Azusa, CA 91702.** Esta reunión es importante y obligatoria para que asistan todos los grupos de comida. Estaremos enfocándonos sobre los requisitos del Departamento de Salud del Condado de Los Ángeles. Esperamos que su grupo este interesado en operar un puesto de juegos, comida, o manualidades. Sera un gran oportunidad para recaudar fondos para su organización y ser parte de nuestra celebración anual. El tema del año sera "The Golden Heart of Azusa."

Cordially,

Adrian M. Alirez  
Carnival Coordinator  
aalirez@azusaca.gov  
(626) 812-5195



**COMMUNITY EVENT  
TEMPORARY FOOD FACILITY APPLICATION**  
(\*Submit 30 days in advance of the event)



\*Application submitted less than 14 calendar days prior to the start of the event will be subjected to an expedited processing fee.

Name of Event: Azusa Golden Days Date(s) of the Event: Oct 11 to: Oct 13, 2019  
 Name of Facility: Memorial Park Event Organizer: Adrian M. Alirez  
 Facility Operator: \_\_\_\_\_ Booth #: \_\_\_\_\_ # of Food Employees: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Event Address: 320 N. Orange Pl City: Azusa Zip: 91702  
 On-site Phone: 626-812-5280

For-Profit  Non-Profit (Attach copy of approved Exemption Certification for Community Event Form)

**TEMPORARY FOOD FACILITY TYPE:**

Food Booth  Food Truck  Food Cart  Annual Food Booth

**FOOD OPERATION TYPE:**

Pre-packaged  Pre-packaged with Sampling  Food Demonstration  Food Preparation

**FOOD TO BE SOLD/SERVED**  
All food preparation shall be completed either in the temporary food facility or at a permitted food facility

<b>List food items to be sold/served:</b> (teriyaki chicken, burrito, popcorn, etc.)	<b>Check if commercially pre-packaged:</b> (unopened, original containers)	<b>Identify types of preparation at other location:</b> (cutting, washing, cooking, etc.)	<b>Identify types of preparation at booth:</b> (assembly, portioning, cooking, etc.)	<b>Identify means of temperature control at booth:</b> (steam table, refrigerator, ice chests, etc.)
	<input type="checkbox"/>			
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**OFFICE USE ONLY:**  
 Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Approved By: \_\_\_\_\_

### FOOD PREPARATION AT OTHER LOCATION

All food preparation must be completed either in the approved temporary facility or at a permitted food facility. Identify any facility where advanced preparation will take place. **An agreement form must be submitted for food preparation at a permitted food facility.**

Name of Facility: \_\_\_\_\_ Permit #: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Method of food temperature control used during transportation: \_\_\_\_\_

### HOT/COLD HOLDING EQUIPMENT

Identify methods of maintaining food hot or cold during hours of operation.

Cold Holding:  Mechanical Refrigerator  Ice Chest  Cold Table  
 Other (Specify): \_\_\_\_\_

Hot Holding:  Steam Table  Chafing Dishes  Electric Soup Warmer  
 Hot Holding Cabinet  Hot Dog Roller Grill  Electric Rice Cooker/warmer  
 Other (Specify): \_\_\_\_\_

At the end of the operating day, all potentially hazardous foods that are held at 45°F **shall be destroyed.**

At the end of the operating day, all potentially hazardous foods held at or above 135°F **shall be destroyed.**

### EQUIPMENT/UTENSILS USED

Will multi-use kitchen utensils (knives, scoops, spatulas, bowls, etc.) be used inside the booth for food preparation?  Yes  No

Identify all **equipment** that will be used in food preparation at the food booth:

Barbecue Grill  Range Burner  Deep Fryer  Griddle  Charbroiler  Mixer  Blender  
 Other (Specify): \_\_\_\_\_

Identify all **utensils** that will be used in food preparation at the food booth:

**Multi-use eating and drinking utensils are prohibited (plates, glassware, etc.)**

### FOOD PROTECTION

Identify methods of protecting foods from customer contamination.

Sneeze Guards  Only pre-packaged food or bottled drink  
 Hinged chafing dishes  Prepared and stored away from the customers  
 Other (Specify): \_\_\_\_\_

### FOOD BOOTH CONSTRUCTION

Food preparation booths must be constructed with 4 sides, a washable floor and overhead protection.

Pre-packaged food booths require a washable floor and overhead protection.

Floor Material: Cement Wall Material: Mesh/Fire Retardant

Ceiling Material: Mesh/Fire Retardant Size of Pass Through Window: 216 Sq in Mesh Fire Retardant

## SINK REQUIREMENTS

**Warewashing sink with hot and cold running water under pressure provided by:**

- Event Organizer  Pre-packaged only (not required)  
 Temporary Food Facility Operator (complete Liquid Waste Disposal section)

**Handwashing sink with warm and cold running water provided by:**

- Event Organizer  Pre-packaged only (not required)  
 Temporary Food Facility Operator (complete Liquid Waste Disposal section)

**Type of handwashing sink:**

- Permanently plumbed sink  Self contained portable sink  
 Gravity fed unit

**Water Source:** \_\_\_\_\_ **Volume of Water:** \_\_\_\_\_ Gallons

## LIQUID WASTE DISPOSAL

**Liquid Waste Removal Provided By:**  Event Organizer  TFF Operator

**Method of Liquid Waste Removal:**  Connected to public sewer  Waste tank \_\_\_\_\_ Gallons

Waste tank maintenance schedule: 2 \_\_\_\_\_ per day \_\_\_\_\_ per hour

**Provide the name, address and telephone number of Person(s) responsible for removal of liquid waste:**

Name: United Site Services  
Address: \_\_\_\_\_  
Telephone: 18008645387

**I agree to voluntarily destroy any and all potentially hazardous food(s) held at 45 F and/or held at or above 135 F at the end of the operating day in a manner approved by the enforcement agency.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**I have completed the application to the best of my ability. I understand that I may be asked to provide additional information in order for the application to be approved and that the information provided is considered part of the application.**

I understand that failure to meet the conditions identified in this application or failure to comply with requirements set forth in the California Health and Safety Code may result in the disposal of food, suspension of my approval to operate and/or may result in the filing of misdemeanor criminal charges.

I understand that once the application is reviewed the application fee is non-refundable including any expedited processing fee.

**Application completed by:**

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Cell Phone: \_\_\_\_\_