

Coalinga Area Chamber of Commerce
87th Annual Horned Toad Derby, Coalinga Ca.
May 24th thru May 27th, 2024
VENDOR INFORMATION SHEET (Retain for Your Use)

The Horned Toad Derby is held at George Olsen Park, 400 Garfield Street, Coalinga, CA 93210. There is NO gate fee. Concessionaires will be back-to-back and end-to-end with an aisle to the front of your booth. The Chamber reserves the right to make any location changes that are deemed necessary. Every effort will be made to allow sufficient space for the activities and the concessionaires. NO portion of equipment may extend beyond the designated space.

INSURANCE REQUIREMENTS:

ALL vendors must provide a current certificate of insurance from your insurance carrier with the Coalinga Area Chamber of Commerce listed as the Certificate Holder and listing the City of Coalinga, Coalinga Huron Recreation & Parks District, as additional insured. Coverage dates should include May 22nd – 30th 2024. A faxed or emailed copy is acceptable (559) 935-1458 or coalingachamber@gmail.com. Certificate of insurance must be received by Friday **May 3rd 2024**.

Concessionaires will not be allowed to set up their assigned space until ALL paperwork is received by Chamber.

*** SET UP ***

Vendor set up days are Wednesday, May 22nd thru Friday May 24th beginning at 9am. Only the larger concession trailers on wheels may begin set up on Wednesday, May 22nd, 9am. You must be set up in your assigned space and ready for inspections by 1pm Friday May 24th 2024. *** You will be informed of your set up date and time via text message BEFORE May 17th 2024.

HOURS OF OPERATION FOR THE 87th ANNUAL HORNED TOAD DERBY:

Friday May 24th, 3pm – 11pm, Saturday May 25th, 11am – 11pm, Sunday May 26th, 10am – 11pm, Monday May 27th, 9am – 4pm. Entertainment ends at 11pm each night. Food booths must be shut down by 11:15pm.

All exhibits **MUST** be manned and maintained in a clean and professional manner during **ALL HOURS THE DERBY IS IN OPERATION**. **NO EXHIBITOR WILL BE PERMITTED TO REMOVE ANY PORTION OF THEIR EXHIBIT PRIOR TO 4:00pm ON THE CLOSING DAY OF THE DERBY, MONDAY MAY 27TH, 2024.** If you sell out of your items, please enjoy the Derby until time to close.

ALL property, equipment & vehicles MUST be off site & out of the fairgrounds by 8:00pm Monday, May 27th, 2024. No exceptions.

SECURITY:

Def-Con Security will monitor parking and will patrol the Derby grounds Thursday, Friday, Saturday and Sunday nights between Midnight-7am. Coalinga Police Department will patrol the event during the evening. There will be a CPD command post in the park.

PARKING:

Prior to park opening each day, stock trucks may unload from designated area, then must be moved out of park immediately. There will be absolutely NO driving on grounds from 1pm Friday to 4pm Monday. **NO EXCEPTIONS.**

No parking pass, no entrance to grounds.

TRASH:

For health and sanitary reason, food and beverage concessionaires shall have lined trashcans inside and outside their booths. **TRASH CAN LINERS SHALL BE TIED OFF, PULLED AND DUMPED IN THE LARGE ROLL OFF DUMPSTERS AT THE REAR OF THE PARK. PLEASE DO NOT PUT YOUR WASTE IN PARK TRASH CANS.** Please pick up any trash around your area before you leave. Leaving trash will result in loss of your cleaning deposit.

GREASE / COOKING OIL:

Grease & Cooking oil MUST NOT be dumped anywhere on the grounds. Concessionaires **MUST** place grease in a sealed container and put in the large dumpsters at the designated location of the fairgrounds. Any vendor who dumps greas/cooking oil on the ground during or after concessionaire has disconnected will lose their cleaning deposit and possibly be charged additional fees for cleaning up the grease and will jeopardize their spot for future events.

Please Include In Your Application:

- ___ Application Completed and Signed
- ___ INSURANCE listing the Coalinga Area Chamber of Commerce, City of Coalinga, Coalinga Huron Recreation & Parks District (All Vendors)
- ___ Picture of Booth (All Vendors)
- ___ City Business License Form (All Vendors)
- ___ Food Safety Certification / Serve Safe Certification (Food Booths Only)
- ___ Menu with Prices that will be posted and adhered to throughout the Derby (if you do not submit a menu with prices, you will not be allowed to set up. (Food Vendors Only)
- ___ Fresno County Health Department Form (Food Vendors Only)
- ___ Toad Race Participation and Prize (All Who Wish to Participate)

PLEASE FAX THE ABOVE INFORMATION BY 12:00pm Monday April 15th 2024 (559) 935 – 1458 or email to CoalingaChamber@gmail.com
Any Applications Received After 12:00pm Monday April 15th 2024 is Subject to a Late Fee

Coalinga Area Chamber of Commerce
87th Annual Horned Toad Derby, Coalinga, CA - May 24th – 27th 2024

Food CONCESSIONAIRE CONTRACT

George Olsen Park, 400 Garfield Street, Coalinga, CA 93210

PLEASE TYPE OR PRINT NEATLY

NAME OF BUSINESS _____ CONTACT PERSON _____

MAILING ADDRESS _____ WK. PH. _____ FAX: _____

CITY _____ STATE _____ ZIP _____ CELL. () _____

E-MAIL _____ Seller's Permit (State Bd. of Equal. #) _____

(California receptacle. Vendor must provide own adapters. Plugging in is said vendor's responsibility, not the Chambers, Parks or City of Coalinga's responsibility. If needed said vendor supplies own heavy-duty extension cords.)

Electricity Requirements: Regular 110 (20 amp) _____ \$70extra charge
Limited 220 Volt (50 amp) _____ \$110 extra charge

Do you need a water connection? _____ (Vendor supplies hose and connector if needed)

How many years have you been in the concession business? _____

**Please attach a word document with all food and drink items to be sold including prices to be sold or displayed at your booth.
Please a separate page. This will be displayed at your booth at the ordering window.**

PLEASE ATTACH PHOTO OF BOOTH displaying menu with price list, from a previous event.

YOU WILL NOT BE CONSIDERED WITHOUT THIS INFORMATION.

Will you be cooking on an open fire/BBQ? _____ If so, please describe: _____

SIZE OF SPACE DESIRED: PLEASE include extra footage of all *AWNINGS, STORAGE AREAS, STEPS, FENCING, HITCH, TABLES AND WALKWAYS AROUND YOUR BOOTH.* 10 x 10 means 10x10, no more no less... you must pay for privacy space, if you are larger than 10x10 you must pay for the land used.

10'x10' is \$500 10'x15' is \$725 10'x20' is \$950 10'x30' is \$1425 (Anything bigger than 10' x 30' is \$1750 flat fee.)

What is the **exact** footprint of your booth, including booth, front yard, backyard, bbq's, privacy space, etc needed? ___X___ If you do not tell us, you will get the footprint given on your application. This piece of paper. NO EXCEPTIONS. If you do not fit in your footprint, it is on you. You will lose your payment, and you will be sent home.

All booths will be inspected by the Coalinga Fire Department with a fee of \$55 PER booth.

A Safety/Security fee of \$100 is also required PER booth to maintain public safety for the duration of the Derby.

CITY BUSINESS LICENSE:

All vendors must complete *Business License Application* form per booth. Included or on the Chamber Webpage.

All forms must be returned together to the Chamber.

ALL FOOD VENDORS:

All Food Vendors must complete *Community Event Food Vendor Application* form and return to the Chamber. All food and beverage concessions (if beverage is opened and poured into container) are subject to inspection and permit of the Fresno County Health Department. Health Dept. fee of \$60.00 per booth paid to Chamber. Veteran exemption allows for one booth, if more than one exemption the additional booth(s) each need(s) form and fees. Fresno County Health Dept. Requirement, not ours.

PLEASE NOTE: ALL VENDORS ARE TO BE OFF OLSEN PARK PREMISES BY 8pm Monday, May 27th, 2024.

VEHICLE PARKING PASS:

If you park your vehicle inside the park, you are required to have a parking pass. See fee schedule below. Vehicles without a pass will NOT be allowed to stay in the park. Camping area is limited and includes limited electricity 110 Volt hook up only. (**No** a/c units can be run during the day in RV or overnight trailers at all. The power grid cannot handle that plus vendors cooking.) (**No** water hook up).

Prior to park opening each day, stock trucks may unload, then must be moved out of park immediately unless you have a pass.

No parking pass, no entrance to grounds.

Coalinga Area Chamber of Commerce
86th Annual Horned Toad Derby, Coalinga, CA - May 24th – 27th 2024

Food CONCESSIONAIRE CONTRACT

George Olsen Park, 400 Garfield Street, Coalinga, CA 93210

PLEASE NOTE: All vendors must provide a copy of a Certificate of Liability before driving on the Park, naming: The Coalinga Area Chamber of Commerce, The City of Coalinga and The Coalinga-Huron Park and Recreation District.

You **MUST** provide the EXACT size of your RV, Trailers and Vehicles as sizes continue to get bigger and our space is limited

Car or Pick up \$45.00 (per vehicle) _____ Dimensions: _____ x _____
Stock Truck or Van \$80.00 (per vehicle) _____ Dimensions: _____ x _____
RV or Trailer \$105.00 (per vehicle) _____ Dimensions: _____ x _____

PARKING PASS FEE TOTAL + \$ _____

TOTAL BOOTH FEE + \$ _____

BUSINESS LICENSE + \$ **30.00** (ALL VENDORS) subject to change

HEALTH INSPECTION FEE + \$ **60.00** (FOOD ONLY) subject to change

ELECTRICITY 110 Volt @ 20 amp \$70 + \$ _____ (PER PLUG)
220 Volt @ 50 amps \$110

FIRE INSPECTION FEE per booth +\$ **55.00** (ALL VENDORS)

Safety/Security Fee per booth +\$ **100.00** (ALL VENDORS)

*Cleaning deposit +\$ **200.00** (All vendors, must provide a separate money order or check)

Late Fee (if post marked after April 5th, 2024) \$ **55.00**

GRAND TOTAL \$ _____

****ALL FEES ARE TO BE PAID TO THE COALINGA AREA CHAMBER OF COMMERCE. Please REMIT CASHIERS CHECK Or MONEY ORDER TO COALINGA AREA CHAMBER OF COMMERCE WITH COMPLETED FORMS, no checks accepted.**

IN SIGNING THIS FORM, (I/WE) INDICATE OUR UNDERSTANDING AND ACCEPTANCE OF THIS CONTRACT AND AGREE TO PROVIDE ALL NECESSARY DATA AND DOCUMENTATION NECESSARY FOR THE PROCESSING OF THIS APPLICATION. IN ADDITION, (I/WE) AGREE TO ABIDE BY ALL REQUIREMENTS SET FORTH BY THIS AGREEMENT AND THE RULES AND REGULATIONS ESTABLISHED FOR THE ANNUAL HORNED TOAD DERBY BY THE COALINGA AREA CHAMBER OF COMMERCE AND ANY GOVERNING AGENCIES.

REFUND POLICY: IF YOU WITHDRAW FROM THE DERBY, A REFUND WILL BE MADE MINUS 20% HANDLING FEE IF REQUESTED IN WRITING BY MAY 1, 2024. NO REFUNDS AFTER MAY 3, 2024 AS ALL FUNDS ARE COMMITTED TO THE PRODUCTION, PROMOTION AND MARKETING OF THE DERBY. **NO SHOW! NO REFUND!**

I have read, approved and received a copy of the Horned Toad Derby Rules and Regulations. _____ Initials

Signed (Owner or Agent)

Print Name

Date

Approved by Chamber of Commerce

Date

The Chamber will send a letter of approval and instruction after May 15th, 2024

PLEASE RETURN ALL FORMS, PICTURES AND PAYMENT TO:

Coalinga Area Chamber of Commerce
265 W. Elm Ave., Coalinga, CA 93210 (559) 935-2948, FAX (559) 935-1458
www.coalingachamber.com ~ coalingachamber@gmail.com

CITY OF COALINGA
BUSINESS LICENSE/
HOME OCCUPATION APPLICATION
155 W. Durian Street Coalinga, CA 93210
Phone: (559) 935-1531 Fax: (559) 935-0995

Business Type: (Check all that apply)

GENERAL	(\$29.00)	NON-PROFIT
HOME OCCUPATION	(\$100.00)	OTHER
CONTRACTOR	(\$54.00)	
PROFESSIONAL	(\$44.00)	

BUSINESS NAME: _____

APPLICANT NAME: _____ BUSINESS PHONE# _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

FEDERAL TAXPAYER I.D./S.S.#: _____ SALES TAX I.D.# _____

DESCRIBE BUSINESS ACTIVITY _____

FOR HOME OCCUPATION: PLEASE COMPLETE A QUESTIONNAIRE

OWNERSHIP STATUS: Sole Proprietor Corporation Partnership

OPENING DATE OF BUSINESS: _____

KIND OF BUSINESS: (Check all that apply)

Retail	Manufacturing	Financial/Insurance	Real Estate Leasing/Rentals
Wholesale	Services	Door to Door Solicitation	Contractor - CSLB Lic # _____
Restaurant	Professional Office	Dental/Medical	Other _____

OWNER/MANAGER NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

AFFIDAVIT: I declare, under penalty of making false affidavit, that this application is made by me, that I am authorized to make such an application, that to the best of my knowledge and belief, it is a true, correct and complete application made in good faith, pursuant to the provisions of the Business License Ordinance of the City of Coalinga.

CONTRACTORS: By signing this document, you hereby declare yourself responsible for ensuring that all subcontracts have a valid business license on file with the City of Coalinga.

Signature

Date

FOR HOME OCCUPATION APPLICANTS ONLY:

AFFIDAVIT: I, the undersigned, hereby certify that I have read and understand the provisions attached pertaining to the establishment of a Home Occupation and agree that I will operate my business within the provisions prescribed by Sec. 9-2.3001 of the Coalinga Municipal Code:

Signature

Date

FOR OFFICIAL USE ONLY

License No. _____	General _____	Planning _____
Date Received _____	Professional _____	Building _____
Paid _____	Contractor _____	Fire _____
Expiration _____	Home Occup. _____	Police _____
Home Occupation Approved by: _____		Date _____
Business License Application Approved by: _____		Date _____

WORKER'S COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, one of the following declarations:

_____ I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.

_____ I have and will maintain worker's compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My worker's compensation insurance carrier, policy number, and expiration date are:

Carrier _____

Policy Number _____

Expiration Date _____

_____ I certify that in the performance of any business activities for which this license is issued I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Signed _____ Date _____

Business Name _____ Telephone _____

Address _____

WARNING: Failure to secure worker's compensation coverage is unlawful and shall subject an employer to criminal penalties and civil fines up to \$100,000. In addition to the cost of compensation, damages as provided for in Section 3700 of the Labor Code, interest and attorney's fees.



CITY OF COALINGA BUSINESS LICENSE INFORMATION

155 W. Durian
Coalinga, CA 93210
Phone: (559) 935-1531
Fax: (559) 935-0995

Thank you for your interest in conducting business with the City of Coalinga. Ordinance 546 of the City of Coalinga Code requires that any person who conducts, operates, or engages in any business activities within the city shall obtain a City of Coalinga business license. The term "business" shall include all activities engaged in or caused to be engaged in within this City with the object of gain, benefit or advantage, whether direct or indirect, to the taxpayer or to another or to others, but shall not include the services rendered by an employee to this employer or a casual or isolated transaction. "Engaging in Business" shall mean commencing, conducting or continuing in business and liquidating a business when the liquidators thereof hold themselves out to the public as conducting such business.

All annual business tax certificates issued under Ordinance 546, except the first certificate issued to newly established businesses, shall be considered to be issued on January 1st of each year and shall expire on December 31st of the same year.

UPON THE SALE OR TRANSFER

No certificate granted or issued under the Business Tax provisions of this article shall be in any manner transferred or assigned, or authorize any person other than the person named in the certificate to carry on the business therein named or to transact such business at any place other than the place or location therein named without the written consent of the Finance Director endorsed thereon. **At the time such certificate is assigned or transferred on the place of location for the carrying on of such business is changed, the person applying for such transfer or change shall pay to the Finance Department a fee of \$25.00 for each assignment or transfer.**

PENALTY FOR NONPAYMENT OF ANNUAL BUSINESS TAX

Every annual business tax or registration fee renewal which is not paid on or before March 1st of each year, or within fifteen (15) days after commencing business for a newly established business, is hereby declared delinquent, and the Finance Department shall thereupon add to said business tax registration fee and collect a penalty of twenty-five (25) percent of the tax so delinquent. In addition to the penalties imposed, any person who fails to remit any business tax shall pay interest at the rate of one and one-half percent (1 ½%) per month.

DOCUMENTS REQUIRED TO OBTAIN A CITY LICENSE

The following documents (if applicable to your business) are needed when submitting an application for a City license:

- Fictitious Name Statement- For information on how to file, contact the Fresno Co. Clerks Office
- Seller's Permit – For information on how to obtain a permit, contact the State of CA Dept of Tax and Fee Administration
- Worker's Compensation Insurance Certificate
- Health Department Inspection Report/License
- Copy of Contractor's License

TRANSFER, SALE OF BUSINESS OR NEW BUSINESS

(Does not apply to Home Occupation Businesses)

You are required to set up an inspection with the Building and Fire Department Inspector prior to operation of business. A business license will be issued upon approval of inspections.

NOTE: Neither the filing of an application nor payment of the license fee shall authorize a person to engage in or conduct business activities until such license has been granted.



County of Fresno

DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION

COMMUNITY EVENT FOOD VENDOR APPLICATION

Directions: Each food booth operator/vendor must **complete and sign** this Community Event Food Vendor Application and return it to the **event organizer**. The event organizer must submit all applications to this office at least **2 weeks prior to the event**. The event may be inspected based on a Risk Assessment. If the event is inspected, the event organizer will be charged the current fee per booth. For current fee amount, please contact us at 559-600-3357 or visit our website at <http://tinyurl.com/yf965e4>.

BOOTH / SPACE #

Reinspection fees will be charged for multiple reinspections due to uncorrected violations.

EVENT	1. NAME OF EVENT		2. LOCATION OF EVENT	
	3. CITY	4. DATES OF OPERATION		5. HOURS OF OPERATION

VENDOR	6. VENDOR ORGANIZATION OR NAME OF FOOD BOOTH			7a. NUMBER OF FOOD BOOTHS	
	7b. ARE YOU OPERATING FROM ANY OF YOUR VEHICLE(S) THAT HAVE A CURRENT VEHICLE APPROVAL STICKER? <input type="checkbox"/> YES (GO TO #7C) <input type="checkbox"/> NO (GO TO #8)			7c. IF YOU MARKED YES TO 7B, THEN LIST VEHICLE LICENSE PLATE NUMBER(S) AND BUSINESS NAME	
	8a. PERSON WITH FOOD SAFETY TRAINING		8b. FOOD SAFETY CLASS PROVIDER <input type="checkbox"/> ServSafe <input type="checkbox"/> Prometric <input type="checkbox"/> NRFSP <input type="checkbox"/> CalCard Provider _____ <input type="checkbox"/> Fresno Co. Card		8c. DATE ISSUED
	9. CONTACT PERSON		10. MAILING ADDRESS		11. CITY
	12. STATE	13. ZIP	14. PHONE		15. FAX

MENU	16. MENU - LIST ALL FOOD AND BEVERAGE ITEMS TO BE SERVED (MAIN DISHES, SIDE DISHES, CONDIMENTS, DRINKS, ETC.)	
17. FOOD SOURCES - IDENTIFY THE SOURCES OF EACH FOOD ITEM INCLUDING ICE (NAME OF MARKET, RESTAURANT, SUPPLIER, ETC.)		
18. TRANSPORTATION - DESCRIBE HOW FROZEN, COLD, AND/OR HOT FOODS WILL BE TRANSPORTED TO THE EVENT		

UTENSIL SINKS	19 a. <input type="checkbox"/> CHECK THIS BOX IF YOU DO NOT USE ANY UTENSILS BESIDES A GLOVED HAND(S).		UTENSILS INCLUDE SPATULAS, TONGS, SPOONS OR SCOOPS, PANS, TRAYS, PITCHERS, PROBE THERMOMETERS, OR OTHER EQUIPMENT OR IMPLEMENT THAT CONTACTS FOOD.
	b. <input type="checkbox"/> CHECK THIS BOX IF YOU ARE ONLY SAMPLING WHERE NO COOKING IS DONE ON-SITE.		
	c. <input type="checkbox"/> CHECK THIS BOX IF YOU ARE SERVING ONLY PREPACKAGED FOOD OR DRINK AND YOU ARE NOT OPENING THE PACKAGING, CANS, BOTTLES, ETC.		
	<p align="center">IF YOU CHECKED ANY BOXES ABOVE (18 a, b, OR c), YOU DO NOT NEED TO HAVE ACCESS TO A THREE COMPARTMENT SINK.</p> <p align="center">IF YOU DID NOT CHECK ANY BOXES ABOVE (18 a, b, OR c), YOU MUST HAVE ACCESS TO A THREE-COMPARTMENT SINK.</p>		
20. ARE YOU PROVIDING YOUR OWN THREE COMPARTMENT SINK? <input type="checkbox"/> YES <input type="checkbox"/> NO			

COMMUNITY EVENT FOOD VENDOR APPLICATION
PAGE 2 OF 2

UTENSIL SINKS (cont'd)

21. IF YOU ARE REQUIRED TO HAVE ACCESS TO A THREE COMPARTMENT SINK, BUT YOU ARE NOT PROVIDING THE SINK, WHAT THREE COMPARTMENT SINK WILL YOU USE?

22. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, ARE YOU ALLOWING OTHER FOOD VENDORS TO USE YOUR THREE COMPARTMENT SINK? YES NO

23. LIST THE OTHER FOOD VENDOR(S) YOU WILL ALLOW TO USE YOUR THREE COMPARTMENT SINK. (A MAXIMUM OF THREE ADDITIONAL VENDORS ARE ALLOWED)

1	2	3
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24. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, SPECIFY HOW THE POTABLE WATER WILL BE PROVIDED.
 TANK, GALLONS: _____ MUNICIPAL WATER CONNECTION OTHER: _____

25. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, SPECIFY HOW WASTE WATER WILL BE DISPOSED.

WASTE TANK THAT WILL BE EMPTIED IN THE SEWER, CAPACITY IN GALLONS: _____
 MUNICIPAL SEWER SEPTIC SYSTEM
 OTHER: _____

BE SURE TO SPECIFY ON THE MAP ANY POTABLE WATER FILLING STATIONS AND WASTE WATER DISPOSAL LOCATIONS.

OFFSITE

26. WILL ANY FOODS BE PREPARED AT ANY LOCATION OTHER THAN IN YOUR FOOD BOOTH AT THE EVENT?

YES Food preparation must be done in a retail or wholesale kitchen approved by the county (Environmental Health office) or by the State government (CDPH, CDFR, etc.) or Federal government (USDA, FDA, etc.). The Commissary Authorization section below must be completed and signed by the **owner/operator of the approved kitchen** where food preparation will take place.

NO All food preparation will be done in the food booth at the event.

APPROVED KITCHEN AUTHORIZATION

TO BE COMPLETED BY THE OWNER/OPERATOR OF THE APPROVED KITCHEN IN WHICH FOOD PREPARATION WILL TAKE PLACE.

27. THE FOOD VENDOR LISTED ON THIS FORM HAS PERMISSION TO USE THE APPROVED KITCHEN NAMED BELOW FOR PREPARING AND STORING FOOD ON THE FOLLOWING DATES:

28. BUSINESS NAME OF APPROVED KITCHEN		29. ADDRESS OF APPROVED KITCHEN	
30. CITY	31. STATE	32. ZIP	33. PHONE
34. OWNER/OPERATOR OF APPROVED KITCHEN	35a. PERMIT, LICENSE, OR REGISTRATION NUMBER:		35b. ATTACH COPY OF PERMIT, LICENSE, OR REGISTRATION.
36a. SIGNED <i>Food Facility Owner, Operator or Authorized Representative</i>	36b. PRINT NAME	37. DATE	

IF THE APPROVED KITCHEN IN WHICH FOOD PREPARATION WILL TAKE PLACE IS LOCATED OUTSIDE OF FRESNO COUNTY, THE LOCAL ENFORCEMENT AGENCY MUST SIGN BELOW, AUTHORIZING USE OF THE APPROVED KITCHEN, AND VERIFYING A CURRENT PERMIT TO OPERATE. ATTACH COPY OF PERMIT, LICENSE, OR REGISTRATION.

38a. SIGNED <i>Environmental Health Specialist</i>	38b. PRINT NAME	39. DATE
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40. COUNTY OF: _____

I, the undersigned, agree to comply with the Community Event Food Vendor Requirements of the County of Fresno Department of Public Health. **I understand that failure to comply with the requirements will result in reinspection fees being charged for multiple reinspections due to uncorrected violations and/or suspension of approval to operate by the Department of Public Health.**

41. SIGNED <i>Food Booth Owner/Operator</i>	42. DATE
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