



Temporary Food Facility Permit Application Off-Campus Groups & Commercial Vendors

California State University San Marcos • Safety, Health & Sustainability Services
333 S. Twin Oaks Valley Road • San Marcos, CA 92096 • Craven Hall 4700 • (760) 750-4502

BOOTH/VENDOR NAME: _____

BOOTH/VENDOR REPRESENTATIVE (last name, first): _____

PHONE: _____ E-MAIL: _____

COUNTY OF SAN DIEGO TEMPORARY FOOD FACILITY PERMIT #: _____

NAME OF EVENT: _____ DATE OF EVENT: _____

TYPE OF BOOTH:

- PREPACKAGED FOODS UNPACKAGED FOODS MOBILE FOOD FACILITY (COUNTY PERMIT #) _____

LIST FOOD AND BEVERAGES TO BE SERVED (COMPLETE MENU)

WHERE WILL THE PRE-MADE OR PRE-COOKED FOOD(S) BE OBTAINED? (include names, addresses and phone numbers):

Business Name: _____	Business Name: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Phone #: _____	Phone #: _____

DESCRIBE FOOD PREPARATION, HANDLING, AND SERVING ACTIVITIES: (ex. Grilling, assembling, scooping, pouring, customer self-serve, etc)

TYPES OF FOOD PROTECTION EQUIPMENT THAT WILL BE USED TO ENSURE POTENTIALLY HAZARDOUS FOODS ARE KEPT HOT OR COLD DURING HOLDING TIME (check all that apply):

- None Ice Chest Ice Bath Hot Plate Rice Cooker Sterno Tray Coffee Pot
 Chafing Dish Others: _____

UTENSIL WASHING SINK (3 COMPARTMENT) VENDOR PROVIDED ORGANIZER PROVIDE NOT REQUIRED

HANDWASHING STATION VENDOR PROVIDED ORGANIZER PROVIDED NOT REQUIRED

FIRE EXTINGUISHER VENDOR PROVIDED ORGANIZER PROVIDED NOT REQUIRED

PLEASE SUBMIT TO foodsafety@csusm.edu OR FAX TO (760) 750-3208.

FOR ADDITIONAL INFORMATION REGARDING THIS FORM PLEASE CONTACT: Jennifer Ralph, REHS at 760-750-4502.

For SHS Use Only: APPROVED By: _____ Date: _____