

Pleasant Hill Art, Wine & Music Festival

May 17 & 18, 2025

FOOD VENDOR APPLICATION

BUSINESS/ORGANIZATION: _____

Contact Person: _____ Email Address: _____

(Please print carefully)

Address: _____ City: _____ State: _____ ZIP Code: _____

Phone # (Day): _____ Phone # (Evening): _____

California Resale Permit #: _____ OR California TAX I.D. #: _____

Items to be offered (Maximum of 3 main items)

Please be specific: 1. _____
2. _____
3. _____

Please CIRCLE ALL food preparation methods
Grilling, BBQ, Cooking, Deep Fat Frying, Wok **Please**
CIRCLE ALL fuel methods used: Charcoal, Wood,
Electrical, Propane/LPG, Sterno
*** MUST HAVE APPROPRIATE FIRE EXTINGUISHER**

Remember no alcoholic beverages of any kind may be sold at your booth!

Those vendors using Wood BBQ, Woks or Deep Fat Fryers MUST purchase Two (2) booth spaces (CCC FIRE REGULATIONS)

- **ELECTRICAL NEEDS : VENDOR MUST PROVIDE OWN ELECTRICITY**

FOOD TENT: Each vendor is responsible for providing their own tents, tables and chairs. All tents must be California State Fire Marshall approved and must display the "approved" sticker on the tent top and sides.

(Please initial that you have read and understand this paragraph: (_____))

I understand the **Pleasant Hill Chamber of Commerce** is not responsible for: lost, stolen, damaged equipment or merchandise; accident or injury to me or to my staff; and hold harmless either of the above organization for any and all liability. **I understand there will be no refunds of fees. Security deposit will be refunded only if area is left clean and all loaned equipment is returned FREE OF DAMAGE. You will be responsible for removing your own garbage etc.**

EXHIBITOR SIGNATURE _____ DATE _____

ALL FOOD VENDORS using ANY TYPE of COOKING fuel and/or electricity will be grouped together per CC County Fire & Health Dept. rules.

_____ Food Truck and/or 10' X 10' Booth Fee - **\$750** (Includes Health and Fire Fees)

_____ Food Truck and/or 10' X 20' Booth Fee - **\$1000** (Includes Health and Fire Fees)

_____ Food Truck and/or 10' X 30' Booth Fee - **\$1250** (Includes Health and Fire Fees)

_____ Security Deposit (**\$200 - Separate Check - no credit card for this fee**)

Credit Card Information (All credit card information will be shredded upon payment confirmation.)

Card Number: _____ Exp. Date: _____ Security Code: _____ ZIP Code: _____

Signature _____ Today's Date: _____

Total Amount Enclosed/to be Charged: _____

NO REFUNDS after April 27, 2025

Make checks payable to: Pleasant Hill Chamber of Commerce

Mail to: Pleasant Hill Chamber of Commerce
2255 Contra Costa Blvd, Suite 307, Pleasant Hill, CA 94523
Email: info@pleasanthillchamber.com

To be Completed by **each** Food Booth/Truck Operator and submitted to Event Coordinator

TEMPORARY FOOD FACILITY OPERATOR INFORMATION

NAME OF EVENT :		DATE(S):	TIME(S):
LOCATION:		ONSITE CONTACT PERSON:	
NAME OF BOOTH, ORGANIZATION OR COMPANY:		LISCENCE PLATE # OF FOOD TRUCK	PHONE #:
MAILING ADDRESS , CITY & ZIP OF BOOTH OPERATOR:		EMAIL ADDRESS OF BOOTH OPERATOR:	
TYPE: <input type="checkbox"/> For profit <input type="checkbox"/> Non-profit <input type="checkbox"/> Veteran Exempt <input type="checkbox"/> CC.County Food Truck <input type="checkbox"/> Out of County Food Truck - provide home county health permit CFO			

Food to be sold or given away:
(including beverages, condiments & ice)

Source(s) of all food purchased/ prepared: e.g. Restaurant, Caterer, Cottage Food Operation, Costco, Winco, Market, etc

Type of cooking equipment to be used:
(e.g. barbeques, fryers, griddles, etc.)

Food Booth Operator Checklist

All food must be from an approved source or facility.

- | | |
|---|-------------|
| 1. I am preparing foods which are homemade. | ___Yes___No |
| 2. I am preparing all foods on-site. | ___Yes___No |
| 3. I am preparing approved foods in my CC County registered/permitted Cottage Food Operation. | ___Yes___No |
| 4. I am preparing all foods in an approved commercial facility.
Name of commercial facility: _____ | ___Yes___No |
| 5. All food/beverages will be prepackaged and no food preparation will be conducted in the booth | ___Yes___No |
| 6. I will provide an accurate probe thermometer to measure the hot and cold holding of potentially hazardous foods during all times of booth operation. | ___Yes___No |

I am providing the following minimum handwashing facilities:

- | | |
|--|-------------|
| 7. Water supply dispenser (5-10 gallons) with hands free spigot.
(Any booth with open food or food preparation will be required to have water temperature of 100°F for handwashing. Prepackaged food/beverage booths do not need 100°F water for handwashing) | ___Yes___No |
| 8. One separate tub (bucket or basin) for the collection of rinse/waste water. | ___Yes___No |
| 9. Pump-style soap container (or squeeze type). | ___Yes___No |
| 10. Paper towels and trash receptacle. | ___Yes___No |

I am providing the following items within my booth for the sanitary cleaning of food preparation utensils:

- | | |
|---|-------------|
| 11. Three (3) deep tubs (basin 6 – 8 inches minimum); one with detergent & water, the second with clean rinse water and the third with sanitizing solution. | ___Yes___No |
|---|-------------|

I am protecting the unpackaged food and food preparation areas from insects, dust, and the public by the following method:

- | | |
|---|-------------|
| 12. A booth with walls and ceiling constructed either of wood, canvas, plastic, or similar material with fine mesh fly screening, completely enclosing open food areas. | ___Yes___No |
| 13. A booth with cleanable flooring (concrete, asphalt, clean tarps and smooth wood are acceptable). | ___Yes___No |
| 14. Overhead protection and approved floor cover because I am selling prepackaged food/beverages only. | ___Yes___No |

I have read the handout on [Requirements for Temporary Food Facilities](#) and will follow the guidelines provided in this handout.

Completed by (signature): _____

Date: _____

Please print name: _____

Event Coordinator: _____

Date: _____



SPECIAL EVENT APPLICATION

PERMIT NUMBER

DATE

EVENT NAME:

EVENT SITE ADDRESS:

EVENT DATE(S) & TIME:

SET UP & TAKE DOWN DATE(S):

INSPECTION DATE & TIME (A minimum of 1 hour prior to start of event):

***NOTE: 1. INSPECTION REQUESTS FOR WEEKENDS, HOLIDAYS, OR WEEKDAYS AFTER 4PM WILL BE ASSESSED ADDITIONAL FEES FOR AFTER-HOURS OVERTIME COSTS.

2. PLEASE CALL 925-941-3300 TWO BUSINESS DAYS TO CONFIRM WEEKEND OVERTIME INSPECTIONS.

3. PLEASE CALL 925-941-3300 THE MORNING OF TO CONFIRM WEEKNIGHT OVERTIME INSPECTIONS.

4. PLEASE CALL 925-941-3300 THE MORNING OF BETWEEN 8 - 8:30 AM TO CONFIRM REGULAR BUSINESS HOURS

INSPECTIONS.

CONTACT PERSON & CELL NUMBER DAY OF INSPECTION:

APPLICANT COMPANY NAME:

APPLICANT NAME, NUMBER & FAX:

ADDRESS:

DESCRIPTION OF ACTIVITY: (Please fill in and mark all that apply)

D TENTS & OTHER MEMBRANE STRUCTURES

D USE OF TENT:

D FOOD VENDORS

D OBSTRUCTION OF DRIVEWAYS/FIRE APPARATUS ACCESS ROADS D

TENTS & MEMBRANE STRUCTURES 401 SQ/FT TO 499 SQ/FT

SQ/FT=

D TENTS & MEMBRANE STRUCTURES 500 SQ/FT TO 5,000 SQ/FT

SQ/FT=

D TENTS & MEMBRANE STRUCTURES GREATER THAN 5,000 SQ/FT

SQ/FT=

D FAIR, STREET FAIR, FESTIVAL or EXHIBITION

D FOOD VENDORS

D OBSTRUCTION OF DRIVEWAYS/FIRE APPARATUS ACCESS ROADS D

CARNIVAL WITH RIDES

D FOOD VENDORS

D OBSTRUCTION OF DRIVEWAYS/FIRE APPARATUS ACCESS ROADS

D ASSEMBLY/GRAD NITE

D SCHOOL

D FOOD VENDORS

D OBSTRUCTION OF DRIVEWAYS/FIRE APPARATUS ACCESS ROADS D

PUMPKIN PATCH

D HAUNTED HOUSE

D CHRISTMAS TREE SALES

D GENERATOR(S) ON-SITE

PROPANE USE: YES: D NO:D

REASON FOR USE:

Fees Computed/Received By:

Amount Due:

Amount Received:

D Cash D Check No.:

D Credit Card/Debit No.: