

# 43RD ANNUAL NIHONMACHI STREET FAIR AUG. 6 & 7 (SAT & SUN) 2016 CORPORATE INFORMATION BOOTH APPLICATION FORM

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Check One:  1st Year  2nd or more

**Please check applicable box**

<b>10' x 10' Booth Space</b>	<b>\$1750.00</b>
<b>10' x 20' Booth Space</b>	<b>\$3,000.00</b>
<b>Dept. of Health Application Fee*</b>	<b>\$150.00</b>
<b>Rental of 10' x 10' booth</b>	<b>\$250.00</b>
<b>Rental of 10' x 20' booth</b>	<b>\$500.00</b>
<b>Rental of 8' Table \$20.00 ea. x _____</b>	<b>\$ _____</b>
<b>Rental of Chairs \$10.00 ea. x _____</b>	<b>\$ _____</b>
<b>TOTAL ENCLOSED</b>	<b>\$ _____</b>

**IMPORTANT NOTE:** We ask all our corporate booth participants to keep all solicitations within 5 ft of their booth space. Food items cannot be sold/handed out to Fair attendees as this will require necessary health permits.

**\*Sorry, but no space will be reserved without payment.**

**\*IMPORTANT PLEASE READ!**

Corporate Info Booths passing out prepackaged food **MUST** submit a Health Department form (attached) and \$150.00 application fee along with your booth space fees.

**Please also consider becoming a corporate sponsor for the event.**

Make check payable to & return application to:

**NIHONMACHI STREET FAIR**

1581 Webster Street, Suite 240, San Francisco, CA 94115

Once application is received and accepted, you will receive via mail confirmation and booth information.

**FEE IS NON REFUNDABLE.**

**NO APPLICATION WILL BE ACCEPTED FOR ONE DAY ONLY.**

DO NOT WRITE IN FOR INTERNAL PURPOSES ONLY	Application No.: _____	Date Received: _____	Amount Enclosed: _____	Received By: _____
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**APPLICATION DEADLINE: JULY 1, 2015**



# Temporary Food Facility (TFF) Concessionaire Application

RETURN TO THE EVENT COORDINATOR with applicable fees and documentation.

**Application and fees must be submitted to this department by the event coordinator at least 14 days prior to the event.**

1. Name of Event	
Event Name:	Date(s):
Location:	Number of Booth(s):
Food Preparation & Set Up Start Time:	

2. TFF Applicant	
Business Name:	Business Phone #:
Address:	City, Zip Code:
On-site Representative:	Cell/Alternate Phone #:
TYPE: <input type="checkbox"/> For-profit <input type="checkbox"/> Veteran Exempt <input type="checkbox"/> SF Permitted Food Truck - Health Permit #: _____ <input type="checkbox"/> Out of County Permitted Food Truck	

3. Commissary Agreement <b>(Skip to Section 4B if selling pre-packaged food/beverage only)</b>	
<b>All food prepared prior to the event and cleaning and sanitizing of equipment/utensils shall be conducted and stored in a facility with a valid health permit. NO HOME FOOD PREPARATION OR STORAGE IS ALLOWED. ALL FOOD MUST BE FROM APPROVED SOURCES.</b>	
Commissary Name:	Date(s) and Time(s) of Use:
Address, City, State, Zip Code:	
Valid Health Permit in the City and County of San Francisco? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Business Account Number (BAN):	Phone #:
<b>The Applicant submitting this application has permission to use the facility for the specified date(s) and time(s). If this permission is rescinded, I will immediately notify the City and County of San Francisco, Department of Environmental Health (415-252-3971).</b>	
Name of Permit Holder or Authorized Kitchen Representative: Print Name: _____ Signature: _____ Date: _____	

4A. Non Pre-packaged Menu Item(s)			
(If needed, attach separate page to include all menu items)			
Food/Beverage Item	Prepared Off-site	Cooking Procedures	Equipment to be used to hold food cold at 45°f or below or hot at 135°f or above
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		

4B. Pre-packaged Menu Item(s)			
Food/Beverage Item	Sampling?*	Source(s) of all food/beverages purchased/ prepared: Examples - Restaurant Caterer, Cottage Food Operation, Costco, Distributor/Manufacturer	Equipment to be used to hold food cold at 45°f or below or hot at 135°f or above (Write N/A if shelf stable)
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		

\*Explain Sampling Procedure:

**TEMPORARY EVENTS PROGRAM**

## 5. Food Operation Checklist

**All food must be from an approved source or facility.**

- |  |  |
|--|--|
| 1. I understand I cannot prepare food/beverage at home.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I will provide an accurate probe thermometer to measure the hot and cold holding of potentially hazardous foods throughout the event. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I am transporting potentially hazardous food cold at 45°F or below or hot at 135°F or above.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**HANDWASHING: I am providing the following items within my booth for handwashing:**

(Any booth with open food, sampling, bars or food preparation will be required to set up hand wash station with water temperature of 100°F for handwashing.) *(See example set up below)*

- |  |  |
|--|--|
| 4. Gravity Flow Handwashing Station which includes all of the below: <ul style="list-style-type: none"> <li>• Insulated Water supply dispenser (minimum 5 gallons) with hands free spigot.</li> <li>• One separate bucket or basin for the collection of rinse/waste water.</li> <li>• Liquid pump soap dispenser.</li> <li>• Paper towels and compost bin.</li> </ul> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

**OR**

- |                            |  |
|----------------------------|--|
| 5. Plumbed hand wash sink. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------|--|

**UTENSIL WASHING: I am providing the following items within my booth for the sanitary cleaning of food preparation and serving utensils: *(See example set up below)***

- |  |  |
|--|--|
| 6. Three (3) deep tubs (basin 6-8 inches minimum): <ul style="list-style-type: none"> <li>• Detergent &amp; Water</li> <li>• Clean Rinse Water</li> <li>• Sanitizing Solution (100ppm Chlorine solution or 200ppm Quat solution).</li> </ul> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

**BOOTH SET UP: I am protecting the unpackaged food and food preparation areas from insects, dust, and the public by complying with all of the following methods:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• A booth with walls and ceiling constructed either of wood, canvas, plastic, or similar material with fine mesh fly screening.</li> <li>• A booth with cleanable flooring - concrete, asphalt, clean tarps and smooth wood are acceptable.</li> <li>• Overhead protection for food/beverage storage only.</li> </ul> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

**I have read & understood the TFF Concessionaire Operating Requirements & Checklist attached to this form.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### Hand Washing Station

### Utensil Wash Station

