

**TULARE COUNTY ENVIRONMENTAL HEALTH
SWAP MEET ORGANIZER PERMIT APPLICATION**



<u>APPLICATION TYPE</u>				
<input type="checkbox"/> Ownership Change		<input type="checkbox"/> Business Location Change		<input type="checkbox"/> New Operation
<u>PERMIT TYPE</u>				
<input type="checkbox"/> Swap Meet Food Event – Organizer of 1 or more events*				
<i>*This permit application and the attachments listed below are to be turned in no later than <u>two weeks</u> prior to beginning operations.</i>				
<u>ATTACHMENTS</u>				
<input type="checkbox"/> A site plan must be attached that provides the location of the following: <input checked="" type="checkbox"/> Mobile Vendors Prepackaged/Produce and Cottage Food Vendors <input checked="" type="checkbox"/> Waste water disposal and water supply facilities <input checked="" type="checkbox"/> Restrooms with hand-wash stations placed within 200 feet of food and produce vendors <input checked="" type="checkbox"/> Location of refuse containers <input type="checkbox"/> A special use permit approval from the designated planning/zoning department. Note: <i>Not all zones allow swap meets.</i>				
<i>All food sold or offered for sale must be from an approved food source. Food is not permitted to be prepared or stored at home unless made by a permitted Cottage Food Operator. See Swapmeet Food Vending Guidance.</i>				
<u>WATER & SEWER</u>				
Potable Water Source: (check one)		<input type="checkbox"/> State Water System:		<input type="checkbox"/> *Private Well
<i>*Private Wells require initial and ongoing testing, and water board approval before use with a food facility.</i>				
Sewer System: (check one)		<input type="checkbox"/> Sewer District:		<input type="checkbox"/> Onsite Septic System
<u>OWNER INFORMATION</u>				
Owner Name:		DBA (Corp, LLC):		
Home Address:		City:	State:	Zip:
Home Phone:		Business Phone:		
Billing Contact:		Email:		
Billing/Mailing Address:		City:	State:	Zip:
<u>FACILITY INFORMATION</u>				
Business Name:		Website:		
Business Address:		City:	State:	Zip:
Business Phone:		Alt Phone:		
<u>SIGNATURE AND TERMS</u>				
<p>The undersigned hereby certifies all of the information on this application is true and accurate and agrees to notify Tulare County Environmental Health Services (TCEHS) and obtain approval for any changes that occur including but not limited to: the type of business activity, name, business location, structural, menu, equipment, billing address, ownership, and/or closure. Failure to notify and obtain approval from TCEHS may invalidate the health permit and place the business owner in violation of the California Retail Food Code (CRFC). Verified complaints and violations of the CRFC may result in administrative enforcement fees being charged to the owner. Signature must be an owner, partner or corporate office (corporation and LLCs). A manually signed copy of this application delivered by facsimile, email, or other electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this application. Permit to operate is granted after application approval, payment, and any other required approvals.</p>				
Owner Name:		Owner Signature:		
For Office Use Only				
Payment - Cash/Check#:	Amount:	Receipt:	Date:	Received By:
Permit Expiration Date:	PE:	Comments:		
EHS Name:	EHS Signature:	Date:	<input type="checkbox"/> Vet Exempt Approved-No Fee	