



**NEVADA
COUNTY**
CALIFORNIA

**Community
Development
Agency**

Environmental Health Department

950 Maidu Avenue Suite #170
PO BOX #599002
Nevada City, CA 95959

PH: (530) 265-1222 ext. 3
FAX: (530) 265-9854

Env.Health@nevadacountyca.gov

www.nevadacountyca.gov

COMMUNITY EVENT PERMIT APPLICATION

Name of Event: _____

Number of Food/Drink Vendors: _____

Location of Event: *(street, city, zip)* _____

Dates of Operation: _____ through _____

Start and End Times: _____

Event Coordinator Name: _____

Phone No. _____

Email: _____

Day of Event Cell #: _____

FEES: 1 Vendor: \$109.19

2-5 Vendors: \$218.37

Each additional vendor: \$30.00

If submitted less than 2 weeks before the event: \$436.74

If submitted after start of event – Each additional vendor: \$50.00

Non-profit Organization - No fee Name of Non-profit Organization: _____ Non-Profit Tax ID# _____

- Note: 100% of proceeds from ALL vendors MUST go to the non-profit organization in order to be eligible for fee exemption.*

The following must be included with the form at time of submittal:

- List of Permitted Vendors** including food and drink booths, mobile food facilities, cottage food booths and their associated EH permit numbers. *Template attached.*
- Site Plan** indicating the proposed location of the Temporary Food/Drink Booths, restrooms, all hand washing, utensil washing and janitorial facilities, liquid and solid waste disposal, potable water supply and power supplies. *Sample Template attached.*
- Application Fee with an Agreement to Pay form.**

At the event, the following is required from the Event Coordinator:

- Ensure completion of the self-inspection checklist by each vendor
- Assist Environmental Health Department staff to resolve any health related issues
- Take primary responsibility in assisting in language translation, if applicable.

As coordinator, I certify that I have read the attached information and am familiar with the laws pertaining to food/drink service at a community event as stated in the California Retail Food Code and agree to operate the event in a manner consistent with those laws.

Event Coordinator Name (Print)

Event Coordinator Signature

Date

OFFICE USE ONLY

Date Application Submitted: _____ Was Application Late? YES NO *If YES, Late fee: \$ _____*

Total Fee: \$ _____ *(Booth Count + Base Fee + Late Fee)* Fee Received: _____

Total # of Vendors: _____ SR No. _____

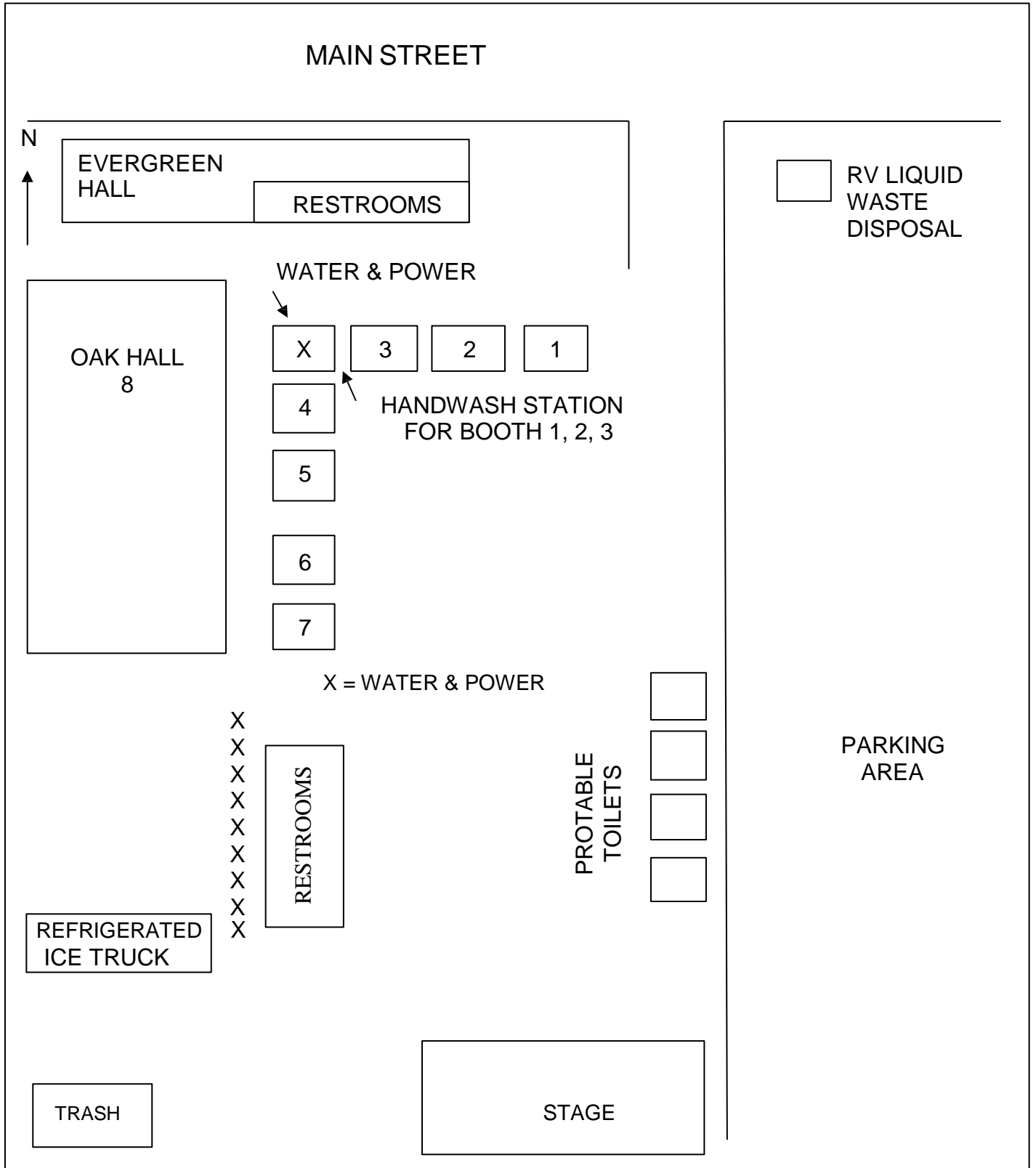
Application Approved By: _____ Date: _____

EXAMPLE SITE PLAN

*Submit specific Site Plan
for event with application*

NAME OF EVENT: _____

Elements required to be noted: All food/drink vendors and names, locations of bathrooms, hand washing stations, janitorial facilities, liquid and solid waste disposal, potable water, ice and power supply. Please include a north arrow and a cross street.





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AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including reinspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This Agreement To Pay form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at http://www.nevadacountyca.gov

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:

Invoices and/or notices to be mailed to:

Table with 2 columns: Site Information and Invoices and/or notices to be mailed to. Rows include APN, Property Owner/Business Name, Address, Telephone, and Email.

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project:

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

Signature Dated: CDL#
Printed Name Tel #:

THIS SECTION FOR OFFICE USE ONLY

Service: Program: Job No:
Check #: Project File #: Billing Code:
Amount Collected: \$ Receipt #: Date of Receipt: