385 N. Arrowhead Ave., 2nd floor, San Bernardino, CA 92415

Email: TFF@dph.sbcounty.gov Website: wp.sbcounty.gov/dph/ehs Text/Call: 800.442.2283 Fax: 909.387.4323

DECLARATION FOR FOOD FACILITY EXEMPTION AT TEMPORARY EVENT

| THIS SECTION TO BE COMPLETED BY APPLICANT / EVENT ORGANIZER | | | | | |
|--|---------------------------|-----------------------|---------------|------|-------|
| APPLICANT / EVENT ORGANIZER INFO | | | RMATION | | |
| Name of Applicant/Event Organizer: | | | Phone Number: | | |
| Business Address: | City: | | State: | Zip: | |
| Mailing Address: | City: | | State: | Zip: | |
| Email: | | | | | |
| DETAILS OF EVENT | | | | | |
| Name of Event: | | | | | |
| | | | | | |
| Date(s) of Event: | | | | | |
| Site Address: | City: | | State: | Zip: | |
| Setup Time: From: To: | | Operating Hours From: | | To: | |
| DECLARATION OF EXEMPTION | | | | | |
| The above described event is exempt from an Environmental Health Permit based on the following code sections. Specify applicable code section (<i>SELECT ONE</i>). | | | | | |
| ☐ CalCode 113789(c)(3) A church, private club, or other nonprofit association that gives or sells food to its members and guests, and not to the general public, at an event that occurs not more than three days in any 90-day period. | | | | | |
| □ CalCode 113789(c)(4) A Food Facility does not include "a for-profit entity that gives or sells food at an event that occurs not more than three days in a 90-day period for the benefit of a nonprofit association, if the for-profit entity receives no monetary benefit, other than that resulting from recognition from participating in an event." | | | | | |
| Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" with the acceptance of Civil Contractor of Civi | | | | | |
| within the meaning of Civil Code Section 2782. I declare under penalty of law, that to the best of my knowledge and belief, the statements made herein are correct and true. I acknowledge the rules and regulations set forth by the San Bernardino County, Environmental Health Services (EHS). I understand, as the event organizer, I am responsible for ensuring food is prepared and served in a safe and sanitary manner, following food safety guidelines as offered by EHS. | | | | | |
| ☐ Electronic Signature Only: By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form. | | | | | |
| Signature: | | | | | Date: |
| Print Name: | Title: Cell Phone Number: | | | | |
| THE FOLLOWING INFORMATION MUST BE PROVIDED WITH THE APPLICATION | | | | | |
| Verification of non-profit status: ☐ 501(C)(3) ☐ Franchise Tax Board - Exempt Federal Determination Letter | | | | | |
| | r Office Use Only | | | | |
| Exemption Verified: Yes No | Approv | ed By: | | | Date: |