Stanislaus County
Office of Emergency Services
Fire Warden / Fire Prevention Bureau

1010 10th Street Suite 3538 Modesto, CA 95354
Main Number: 209-552-3700 Fax: 209-525-5757
E-mail: fireprevention@stancounty.com
Website: http://www.stanoes.com/fire-prevention.shtm

FOOD VENDOR APPLICATION - FIRE PERMIT # FIR _____

Fee $147, please make checks payable to: Stanislaus County Fire Prevention

All food vendor application forms must be submitted at least 14 days before the event.

NO applications will be accepted if less than 7 full calendar days to the event.

WHEN REQUIRED a representative of the vendor shall attend a mandatory vendor meeting. Vendors not represented will not be allowed to participate in the event.

ALL APPLICATIONS MUST BE SUBMITTED TO THE ADDRESS ABOVE.

Name of Event: _____ Date of Event: _____

Location of Event: _____

Event Coordinator: _____ Phone number: _____

Event Coordinator e-mail: _____

Vendor, Club, Organization: _____

Vendor Contact: _____ Phone number: _____

Vendor Address: _____ Vendor e-mail: _____

Will tents be used? If so, please fill out a separate tent-canopy application: ☐ Yes ☐ No

Please state size of tent/canopy/trailer to be used: _____

List ALL cooking appliances that will be used at this event

	Type of Appliance (Wok, Grill, Deep Fryer etc.)	Power Source (Propane, Charcoal, etc.)	Quantity
1.			
2.			
3.			

ALL vendors must be ready for inspection by (time) on (date of inspection)

A minimum of one currently serviced 2A10BC fire extinguisher and class K extinguisher is required for all cooking operations.

SEE GUIDELINES FOR FIRE EXTINGUISHER PLACEMENT and TENT - CANOPY Regulation requirements

I hereby make application for a permit to conduct a temporary food facility (booth) in accordance with the laws, ordinances, and regulations that are now or may hereafter be enforced by the State of California, or under jurisdiction of Stanislaus County Fire Prevention Bureau pertaining to the above business. I will call the County Tax Collector's Office for Business License or Vendor license at 209-525-6388 for all other required permits.

I approve the release of my name and contact information to event organizers. I have read and understand the "Requirements for Special Event Food Sales" form (from Tax Collectors Office/Business/Vendor licensing).

Applicant printed name _____ Signature _____ Date: _____

Inspector printed name _____ Signature _____ Date: _____