Introduction:
Health Permit Packet for TheFitExpo Anaheim

Dear Exhibitor,

If you are not selling, sampling, or giving away any consumable products for human or animal consumption, you may ignore these instructions. However, please email me to confirm what you will be exhibiting so I can remove you from the health permit list.

If you will be sampling or selling ingestible products, you must obtain a Health Permit approved by the Health Department.

Booth Number Assignment
If you haven't already done so, please email Marc@thefitexpo.com with your top 3 booth choices. Some high-demand areas, such as near the entrance or the main center aisle, may require you to list a 4th or 5th choice.

Booth Number & Floor Plan:
https://thefitexpo.com/floorplan-an

Exhibitor Portal & Exhibitor Kit:
https://thefitexpo.com/exhibitors/exhibitor-portal-anaheim/

Health Permit & Payment Deadline: DUE JULY 15, 2026
Avoid a $150 late fee by submitting your forms immediately.

Required Forms: (*download forms on page 4)
1. TFF Health Permit Application*
2. Health Permit Fee (check Cvent account balance)
3. Facility Public Health Permit
4. Product Images & Labels with Ingredients
5. Sampling Authorization Form*
6. Insurance Certificate
7. Seller's Permit

Filling Out the Permit Application
For step-by-step guidance, refer to the Health Permit Instructions of this document or the instructions provided by OC Health.

HEALTH GUIDELINES & REGULATIONS

1. Sampling & Sales Limits

- Sampling Limits:
  - Liquids: 2 oz or less in disposable cups.
  - Food: 2 oz or less, cut into bite-sized pieces.

- Sales Limits:
  - No individual food or beverage sales.
  - You may sell pre-packaged, manufacturer-sealed cases (e.g., a case of water, beverages, protein bars).
  - No selling of individual bottles, bars, or meals.

2. Required Sampling Equipment

- Gloves
- Disposable or multi-use utensils
- Hand-washing station (required for open product sampling)
- 3-bucket utensil washing setup (if using multi-use utensils)
- Sneeze guards
- Food thermometer

3. Hand-Washing Station Requirements:

- 5-gallon warm water dispenser with a continuous flow spigot (e.g., Igloo, Coleman).
- Soap & paper towels.
- A bucket to catch wastewater.
- Push-button spigots do not comply. You must be able to wash hands under free-flowing water.

4. Utensil Washing:

- If using reusable utensils, you must have a three-compartment washing station.
- If using disposable utensils and cutting boards, no washing station is required, but bring enough supplies for the entire weekend.

5. Sneeze Guards

- Any open food or beverages must be covered.
- Trays of samples must not be left uncovered.
- Toothpicks for "double-dipping" are not allowed.
- Refer to the "SNEEZE GUARDS" examples for approved equipment.

Examples of Approved Barriers:

- Inverted 9 oz disposable cups
- Clear acrylic sign holders placed in front of samples
- Pouring samples on demand

6. Food Storage Rules

- All food storage must be at least 6 inches off the floor.

7. Off-Site Food Preparation

- If preparing/storing food at a separate facility, submit:
- A copy of that facility's health permit.
- Signed Shared Facility Agreement
- A copy of your manufacturer's facility permit (PFR in CA).

California Processed Food Registration (PFR):
https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBPrograms/FoodSafetyProgram/ProcessedFoodRegistration.aspx

CDFA Dairy Products License (if applicable):
https://www.cdfa.ca.gov/ahfss/Milk_and_Dairy_Food_Safety/

8. Home-Prepared Food Restriction
No consumable products can be prepared or stored at home unless you have a cottage food license. Please submit both your cottage license and your ingredients manufacture facility permit.

***UPLOAD FORMS TO CVENT OR HELEN.THEFITEXPO@GMAIL.COM**

Check your registration email for your unique login link or click on Already Registered on this page:

https://www.thefitexpo.com/an-contract

Do I need a health permit for TheFitExpo Anaheim?

Will you sell and/or give away one or more of these kinds of products in your booth?

vitamins/minerals
vitamins/supplements
protein bars
protein cookies
frozen meat
dairy products
baked goods
chicken/beef/pork
energy drinks
plain water
sparkling water
peanut butter
toppings
acai bowls
vegetables/produce
candy/gum

...ALL CONSUMABLE PRODUCTS

NO → You DO NOT need a health permit.

You only need to submit INSURANCE and SELLERS PERMIT (if selling).

NOT SURE → Please contact us and describe what you will be doing in the booth, what are you bringing, selling, sampling (giving away), etc? Please include product images and website.

YES → You DO need a health permit.

Which permit do I need?

SERVING SIZE 2 OZ OR LESS

ARE YOU OPENING ANY PRODUCTS?

NO → YOU NEED PERMIT: **CATEGORY 1A**

You are giving away and/or selling (SEALED) samples that are commercially manufacturered and prepackaged such as energy drinks, noodles, protein powder, ice cream, coconut water, labeled packets of vitamins/minerals/supplements, etc.

YES → HOW MUCH PREP?

COOKING / CUTTING / MIXING / PORTIONING → SUBMIT HEALTH FORMS + PAYMENT; BRING HAND WASH KIT AND SNEEZE GUARDS → YOU NEED PERMIT: **FOOD PREP**

Cooking, assembling, portioning, chopping, slicing, or any operation that changes the form, flavor, or consistency of food and food products. (Pancakes, rice, noodles, juicing, blending fresh fruit, mixing protein powder with milk, etc.)

HOT OR COLD STORAGE NEEDED?

Remember to answer these sections if your products need to stay within a certain temperature zone. Inspectors will bring thermometers.

OPEN & DISPENSE → SUBMIT HEALTH FORMS + PAYMENT; BRING HAND WASH KIT AND SNEEZE GUARDS → YOU NEED PERMIT: **CATEGORY 1B**

Choose this permit if you will open your sealed samples in the booth to dispense from original containers without cutting, preparing or adding anything else. All samples must be premade at an approved facility. No refilling of containers. Only single use utensils. Answer all questions.

SERVING SIZE OVER 2 OZ → CONTACT US

What forms do I need?

1. TEMPORARY FOOD FACILITY (TFF) HEALTH PERMIT APPLICATION
2. CC AUTH FOR PERMIT FEE
3. ARAMARK SAMPLING AUTHORIZATION
4. FACILITY PUBLIC HEALTH PERMIT → DOES IT CONTAIN DAIRY?
   - YES → SUBMIT CDFA CERTIFICATE
   - NO → SUBMIT PFR, FDA, STATE LICENSE, OR ANY STATE ISSUED INSPECTION LICENSE
5. PRODUCT IMAGES SHOWING PACKAGING AND INGREDIENTS LABELS
6. CERTIFICATE OF INSURANCE (COI)
7. SELLERS PERMIT (if selling)

I need help with the forms.

PLEASE SEE INSTRUCTIONS AT THE END OF THIS DOCUMENT OR CONTACT US AND GIVE DETAILS ON WHAT YOU WILL BE SAMPLING (GIVING AWAY) AND/OR SELLING IN THE BOOTH. SEND LABELS & IMAGES FROM PREVIOUS EVENTS.

Where do I send the forms

SEND EVERYTHING TO: HELEN.THEFITEXPO@GMAIL.COM

REV 051126

Instructions on completing:
Health Permit Application (TFF) for TheFitExpo Anaheim

***DOWNLOAD THE FORMS TO YOUR COMPUTER BEFORE COMPLETING. OTHERWISE THE PDF MAY NOT BE SAVED PROPERLY.**

HEALTH PERMIT APPLICATION (PAGE 1)

1. TYPE (check one category)

Category 1A (Prepackaged Samples, No Sales)
Choose this permit if you will give away samples in original packaging that remain sealed when you hand them over to an attendee.

Category 1B (Prepackaged Samples/Open Sampling)
You will open sealed samples in the booth to dispense from original containers without cutting, preparing, or adding anything else. All samples must be made at an approved facility. No refilling of containers. Only single-use utensils.

Category 2 (Food Prep)
Choose this permit for everything else. For example, items you have mixed with water, changed from its original form, cooked, heated up, etc.

2. TFF INFO
Complete entire section. Include Parent Company, if applicable.

3. TFF OWNER
Complete entire section.

4. FOOD SOURCE / PREP / STORAGE
Read and complete entire section.

SELECT YES: If your products are shipped from manufacturing facility, enter facility name and address here. Provide their public health permit.

SELECT NO: If you are buying your products. Submit dated receipts.

5. TERMS
Print name, sign and date.

OPERATION SPECIFIC QUESTIONS (PAGE 2)

6. TFF OPERATOR
Complete entire section.

7. LIST ALL FOOD & BEVERAGE PRODUCTS

a. List all items you will be serving/exhibiting/selling. See Sample TFF for reference. Complete all columns.

b. If you have samples that require temperature control, complete this section or else enter “NA” or “room temp.”

8. EQUIPMENT/UTENSILS
If you have open samples, complete this section.

9. NON-PROFIT TFF
Complete if you are a non-profit.

ACKNOWLEDGEMENT (PAGE 3)

10. Please read and initial each item to show you have read each acknowledgement.

11. Please date and sign at the bottom.

FINAL STEPS

After completing the Health Permit Application (TFF), upload all applicable items to your Cvent account or send to: helen.thefitexpo@gmail.com

1. Health Permit Application (TFF)
2. Permit Fee (check Cvent account balance)
3. facility permit (PFR, FDA)
4. product images and labels with ingredients
5. insurance
6. sampling authorization
7. seller’s permit, if selling

CVENT ACCOUNT LOGIN:
Check your inbox for your unique login link and confirmation number to access your Cvent account.

Once these documents are submitted, your health permit application is complete! Let us know if you have any questions.

Links to all forms:

Health Permit Application (TFF) for TheFitExpo Anaheim

***DOWNLOAD FORMS TO YOUR COMPUTER BEFORE COMPLETING. OTHERWISE THE PDF MAY NOT SAVE PROPERLY.**

1. HEALTH PERMIT APPLICATION (TFF):
https://www.thefitexpo.com/tfe_2023/wp-content/uploads/2026/05/AN2026_TFF_Health_Permit_Application_TFF.pdf

2. ARAMARK SAMPLING FORM:
https://www.thefitexpo.com/tfe_2023/wp-content/uploads/2026/05/AN2026_Aramark_Sampling_Authorization.pdf

3. SHARED FACILITY AGREEMENT:
https://www.thefitexpo.com/tfe_2023/wp-content/uploads/2026/05/AN2026_TFF_Shared_Facility.pdf

4. DOWNLOAD ALL FORMS AS A ZIP FILE:
https://www.thefitexpo.com/tfe_2023/wp-content/uploads/2026/05/AN2026-Health-Forms.zip

AN26 INSURANCE REQUIREMENTS

All exhibitors, sponsors, vendors, and programming partners must provide a Certificate of Insurance ("COI") 45 days before move-in. Insurance must cover all move-in, show days, and move-out dates, and include all Additional Insureds as shown below.

A. Indemnification

Service Provider shall defend, indemnify, and hold harmless National Fitness Productions, Anaheim Convention Center, City of Anaheim, Aramark, Expo Convention Contractors; and their respective officers, directors, agents, and employees ("Indemnified Parties") from all claims, liabilities, damages, losses, or expenses (including reasonable attorneys' fees) arising out of or related to Service Provider's services, products, equipment, personnel, or activities at the Event.

B. Commercial General Liability (CGL)

$1,000,000 per occurrence, $2,000,000 aggregate, Occurrence form: Covers premises/operations, contractual liability, product liability and personal injury.

Exhibitor shall also provide Additional Insureds Endorsement(s) for liability arising from operations and product. The following entities must be included as Additional Insureds on the Commercial General Liability policy:

National Fitness Productions, Anaheim Convention Center, City of Anaheim, Aramark, Expo Convention Contractors, Their Officers, Directors, Agents and Employees, TheFitExpo Anaheim, August 28-30, 2026 are named as additional insureds.

C. Workers' Compensation & Employers' Liability

Required if Service Provider has employees working onsite. Exempt if Service Provider has no employees. Canadian Exhibitors may provide provincial Workers' Compensation coverage (e.g., WSIB, WorkSafeBC, WCB Alberta, CNESST) if employees attend the event.

D. Required Endorsements

Policies must include:
a. Primary & Non-Contributory wording
b. Waiver of Subrogation (GL, Auto, WC if applicable)
d. All endorsements must be attached to the COI

Our failure to enforce these requirements does not mean these requirements are null and void.

E. Certificate Holder

National Fitness Productions / TheFitExpo
722 Americana Way #201
Glendale, CA 91210
Email: helen.thefitexpo@gmail.com

F. ADDRESSES FOR ADDITIONAL INSUREDS
(Use if your insurer issues separate certificates for each entity.)

National Fitness Productions/TheFitExpo
722 Americana Way #201
Glendale, CA 91210
Email: helen.thefitexpo@gmail.com

Anaheim Convention Center/
City of Anaheim
800 West Katella Avenue
Anaheim, CA 92802
FAX: (714) 765-8965

Aramark Entertainment
800 West Katella Avenue
Anaheim, CA 92802
Fax: (714) 765-8808

Expo Convention Contractors
15959 NW 15th Avenue
Miami, FL 33169
FAX: (305) 754-9402

G. SAMPLE CERTIFICATE

See the attached ACORD sample for required layout and fields. Certificates missing required clauses, limits, or endorsements will be returned for correction.

H. SHAHINIAN INSURANCE

If you do not have a regular business insurance provider, you may call Shahinian Insurance (or any insurance broker of your choosing) to obtain special event coverage that meets or exceeds these minimum requirements. Contact Shahinian Insurance Services at (714) 544-3963 or insurance@shahinian.com. Also visit ShahinianInsurance.com for pricing.

PLEASE CHECK THAT YOUR INSURANCE CONTAINS SECTIONS 1-6 AS NOTED BELOW. SECTION 3 IS MINIMUM COVERAGE. YOUR NEEDS MAY VARY. CONSULT WITH YOUR INSURER. SECTIONS 4-5 MUST READ EXACTLY AS SHOWN BELOW. INSURANCE WILL BE RETURNED FOR CORRECTIONS IF ANY SECTIONS ARE MISSING OR INCORRECT. THANK YOU!

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/1/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
SHAHINIAN INSURANCE SERVICES, INC.
P.O. BOX 4093
TUSTIN CALIFORNIA 92781-4093
PHONE (800) 457-2231/FAX (714) 544-4370

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE — NAIC #
INSURER A: MAXUM INDEMNITY COMPANY — 12345
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED

1 EXHIBITING COMPANY NAME OR DBA AS IT APPEARS ON EXHIBITOR CONTRACT

2 INSURER NAMES & NAIC #

COVERAGES — CERTIFICATE NUMBER: 194399 — REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X		BC 01234567	12/1/2025	12/1/2026	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 15,000
	THESE AREAS CHECKED OFF			COVERAGE DATES MUST INCLUDE SET-UP AND EVENT DATES			PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT X LOC			**3**			GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			COVERAGE FOR ABOVE INSURED EFFECTIVE DATES HERE 00/00/00 - 00/00/00			COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			PREMIUM NON-REFUNDABLE			EACH OCCURRENCE	$
							AGGREGATE	$
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y N/A If yes, describe under DESCRIPTION OF OPERATIONS below			JP 47382211	12/1/2025	12/1/2026	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

4 National Fitness Productions, Anaheim Convention Center, City of Anaheim, Aramark, Expo Convention Contractors, Their Officers, Directors, Agents and Employees, TheFitExpo Anaheim, August 28-30, 2026 are named as additional insureds.

CERTIFICATE HOLDER

5
NATIONAL FITNESS PRODUCTIONS
722 AMERICANA WAY #201
GLENDALE, CA 91210

HELEN.THEFITEXPO@GMAIL.COM

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

6 SIGNATURE REQUIRED

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RETURN APPLICATION + FEE TO HELEN.THEFITEXPO@GMAIL.COM

Public Health Services
Environmental Health Division
1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705
Telephone: (714) 433-6080
Email: EHSpecialEvents@ochca.com
Website: www.ocfoodinfo.com/tff

HEALTH PERMIT APPLICATION
TEMPORARY FOOD FACILITY (TFF)

This section is to be completed by the applicant, in full – Please print clearly – Do not detach copies – Health permits are NOT transferable and NOT refundable

1

TYPE

☐ Prepackaged food/beverage/packaged samples only and/or whole produce – Category 1A
☐ Prepackaged food/beverage with open sampling/dispensing – Category 1B
☐ Preparing or handling unpackaged food/beverages – Category 2

EVENT

Name of Event:	Event Date(s):	Event Hours
TheFitExpo Anaheim	August 29-30, 2026	9:30 AM – 5:00 PM

Event Address:	City:	Zip:
Anaheim Convention Center 800 W Katella Ave	Anaheim	92802

Event Organizer's Name:	Event Organizer's Phone Number:	Event Organizer's Email:
Helen Yu	818-660-1113	helen.thefitexpo@gmail.com

2

TFF INFO

TFF Booth Name (DBA): EXHIBITING COMPANY NAME

Have you participated in previous community events in Orange County before? ☐ Yes ☐ No

Person-in-Charge Name:	Person-in-Charge Phone Number:	Person-in-Charge Email:

3

TFF OWNER

Type of Ownership (*Attach Certificate of LP, LLP Registration, Articles of Incorporation or Organization): ☐ Individual Owner ☐ Partnership ☐ LP* ☐ LLP* ☐ Corporation* ☐ LLC* ☐ Nonprofit Charitable Organization, attach proof of status** ☐ City/Government Entity

Company/Business/Nonprofit Name (DBA):	Legal Owner's Name:	Owner's Phone Number:
EXHIBITING COMPANY NAME		

Owner's Address (cannot be a P.O. Box):	City:	State:	Zip:

Driver's License (if Individual Owner or Partnership; or Site Specific Events & Annual Permits Only)	Owner Email:

Billing Contact Name:	Billing Contact Email:	Title:

Billing Address (if different from Owner's Address):	City:	State:	Zip:

4

FOOD SOURCE: PREPARATION/STORAGE

List all the food/beverages to be sold/given at the event (attach menu if additional space is needed):

Will food/beverages be prepared or stored BEFORE the event?

State law prohibits the use of private home except for Cottage Food Operators or Nonprofit vendors making non-potentially hazardous beverages & baked goods.

☐ **YES.** Provide the name & address where food/beverage is prepared/ stored:

Name: _____
Address: _____
City: _____ Zip: _____

☐ **NO.** You are required to purchase all food/beverages the day of the event. No food should be prepared or stored at home. Initials, indicate that receipts will be provided during inspection.

Initial Here: _____ Once initialed, skip to Terms

Is the facility located in Orange County? ☐ Yes. Provide Permit #: _____ (if applicable) ☐ No. Attach a copy of the health permit

Do you own the food facility where you are preparing and storing the food? ☐ Yes ☐ No. Provide a Dependent Permit/Shared Agreement

5

TERMS

**Note: A specialized processing permit from the State of California (Process Food Registration or a Milk & Dairy License) is required for processes such as: bottling, canning, juicing, manufacturing jerky, or products resembling milk products. In addition, FDA registration is required for operations proposing to sell imported foods at a community event. Be aware that if all required documents are not provided, the application process cannot be completed.

I hereby make an application for a health permit to establish and/or operate the above business, use or services in accordance with the laws, ordinances and regulations that are now or may hereinafter be in force pertaining to the above business. I certify that I am the owner or authorized representative of this business and that all statements are true to the best of my knowledge. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.

Once approved by a representative of Environmental Health and fees are paid in full, a health permit will be issued. Food operations without the necessary permits shall be subject to closure of the food facility and a penalty not to exceed three times the cost of the permit (California Retail Food Code, section 114387).

Print Name:	Title:

Signature:	Date:

OFFICE USE ONLY

FEE

PR	Billing/Permit type	FA	EV	Owner ID	TK

Fee Amount	Penalty Fee	Total Fee	HSO	Billing Status

EHS

Permit is valid for | Permit Type: ☐ Single Event ☐ Site Specific/Recurring ☐ Annual

Notes

Permit Approved By (PRINT) | Date

EXAMPLE ONLY

RETURN APPLICATION + FEE TO HELEN.THEFITEXPO@GMAIL.COM

Public Health Services
Environmental Health Division
1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705
Telephone: (714) 433-6080
Fax: (714) 754-1768
Email: EhSpecialEvents@ochca.com
Web Site: www.OCFoodInfo.com/TFF

OPERATION SPECIFICATIONS
TEMPORARY FOOD FACILITY

COMPLETE AND SUBMIT WITH TEMPORARY FOOD FACILITY (TFF) HEALTH PERMIT APPLICATION

TFF OPERATOR INFORMATION	EVENT INFORMATION
Name of Food Booth: EXHIBITING COMPANY NAME	**Event Name:** TheFitExpo Anaheim
Name of Owner and DBA: EXHIBITING COMPANY OWNER NAME	**Date(s) of Event:** August 29-30, 2026
Facility Type: ☒ Food Booth ☐ Food Truck/Trailer ☐ Permanent Structure ☐ Food Cart	**Event Location:** ☒ Indoor Event ☐ Outdoor Event

LIST ALL FOOD & BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD, OR GIVEN AWAY
Attach additional pages as necessary

Food Item	Commercially Pre-packaged (Y or N)	Food Preparation Location (*Onsite* or *commercial kitchen*)	Preparation Methods (Slicing, cooking, reheat, etc.)	Temperature Control Equipment (Steam table, ice chests, refrigerator, chafing dish, etc.)

EQUIPMENT/UTENSILS

Utensil Washing

☐ Three-compartment sink within food booth. ☒ Shared 3-compartment sink provided, provided by: TheFitExpo

☐ Event is less than 4 hours – extra utensils will be available. At the end of the event, utensils will be wash, rinse, and sanitize at: _____

NOTE: Utensils and equipment must be washed, rinsed, and sanitized at a permitted location and/or facility.

Sanitizer to be used (test strips must be available to test sanitizer concentration)

☐ Chlorine ☐ Quaternary Ammonia ☐ Iodine

NON-PROFIT CHARITABLE TEMPORARY FOOD FACILITIES ONLY

I declare under penalty of perjury that the non-profit charitable organization information is true and accurate, and I have provided current supporting documentation showing our up-to-date non-profit status. I further certify the following to be true:

1. **The booth will be operated by members of our organization or other noncommercial supporters.**
2. **All proceeds will be turned over to the above-named non-profit organization or to another approved non-profit entity.**
3. **I understand that any exemption issued to us would be for the operation of our non-profit association's food booth only and would not imply a blanket approval covering the operation of commercial food facilities at the occasional event.**
4. **We understand that our organization may operate up to four (4) times annually (July – June) and each time operated may not exceed three (3) days in duration.**

Authorized Representative Name (print): _____ Title: _____

Signature: _____ Date: _____

EXAMPLE ONLY

RETURN APPLICATION + FEE TO HELEN.THEFITEXPO@GMAIL.COM

Public Health Services
Environmental Health Division
1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705
Telephone: (714) 433-6080
Fax: (714) 754-1768
Email: EhSpecialEvents@ochca.com
Web Site: www.OCFoodInfo.com/TFF

OPERATION SPECIFICATIONS
TEMPORARY FOOD FACILITY

10

Temporary Food Operator Acknowledgement

As the Temporary Food Facility Owner/Operator, you acknowledge that you understand your role and responsibilities by **INITIALING** the following statements:

_____	1.	The booth will have a signage indicating the name, city, and telephone number of the booth operator or permittee. The facility name must be at least 3" high lettering and city, state, zip code, and name of the operator shall be in at least 1" high lettering legible and clearly visible to patrons.
_____	2.	I agree to voluntarily destroy all potentially hazardous food (PHF) held at above 41°F at the end of the operating day in a manner approved by the enforcement agency. PHF must be held at or below 45°F or at or above 135°F during the event.
_____	3.	A handwashing station will be available throughout the event and equipped with warm water (100-108°F), a spigot providing a continuous stream of water that leaves both hands free to allow for vigorous rubbing and supplied with soap, single use paper towels, and a catch basin. This is a requirement if I am sampling or have open food at my booth.
_____	4.	A probe thermometer for checking internal food temperatures will be on-site and available for use.
_____	5.	All booths must have overhead protection, and open food preparation areas must be fully enclosed to protect the food from outside contamination as noted on Overview of Temporary Food Facility Requirements document provided.
_____	6.	I will ensure food will be protected from customer contamination by using lids, sneeze guards, and/or individual portion samples, etc.
_____	7.	A smooth and easily cleanable floor will be used if the booth is located on dirt or grass (booths located on asphalt/concrete do not require additional flooring).
_____	8.	I understand that I am responsible for obtaining approval from all applicable agencies, including the local fire department, planning departments, and Alcohol Beverage Control.
_____	9.	I understand that no food should be prepared or stored at home (excluding food under Cottage Food Operator Permit).
_____	10.	I understand that I may be charged up to three times the permit fee if found operating without a valid health permit.
_____	11.	I understand that once the application is reviewed, the permit fee is non-refundable, including any late penalty fee.
_____	12.	I understand that permits are non-transferable.

EXAMPLE ONLY

Application completed by:

11

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

U.S. FOOD & DRUG ADMINISTRATION
CENTER FOR FOOD SAFETY & APPLIED NUTRITION

Date:11/28/2022 14:13:45

Created Date
2018-10-02 15:28:40.0

Created by
[redacted]

Registration Expiration Date
2024-12-31

Registration Renewed Date
2022-11-28

Last Updated
2022-11-28

Registration Status Reason
Accepted UFI

Registration Status
VALID

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

◉ Yes ○ No

Section 1: Type of Registration

Facility Location: **Domestic Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number [redacted]

Are you the new owner of a previously registered facility?

○ Yes ◉ No

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number:

Section 2: Facility Name/Address Information

Facility Name
[redacted]

Telephone Number
[redacted]

Facility Name Suffix
Incorporated

Fax Number

Facility Street Address, Line 1
[redacted]

E-Mail Address
[redacted].com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City
[redacted]

State/Province/Territory
[redacted]

Zip Code (Postal Code)
[redacted]

Country/Area
UNITED STATES

Section 3: Preferred Mailing Address Information

EXAMPLE ONLY

EXAMPLE ONLY

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

PROCESSED FOOD REGISTRATION

REGISTRATION NUMBER: [redacted]
EXPIRATION DATE: 12/11/2017

THE PERSON NAMED HEREIN IS REGISTERED TO MANUFACTURE, PACK, OR HOLD PROCESSED FOOD IN THE STATE OF CALIFORNIA THROUGH THE EXPIRATION DATE. THIS REGISTRATION IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF DIVISION 104, SECTION 110460 OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS NOT TRANSFERABLE TO ANY OTHER PERSON OR PLACE. THE REGISTRANT IS REQUIRED BY LAW TO IMMEDIATELY NOTIFY THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH OF ANY CHANGE IN THE INFORMATION REPORTED IN THE APPLICATION.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 12/5/2016

County of Santa Clara Department of Environmental Health
1555 Berger Drive, Suite 300, San Jose, CA 95112-2716
Phone 408-918-3400 • Fax 408-258-5891 • www.EHinfo.org

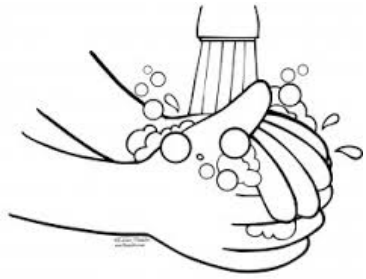
WARM WATER REQUIREMENT FOR HANDWASHING AT CERTIFIED FARMERS' MARKETS AND TEMPORARY EVENTS

Effective January 1, 2015, DEH will be enforcing the CalCode requirement for warm water (100°F) for handwashing. If a hard-plumbed sink with hot and cold potable water is not available, warm potable water may be stored in an insulated food-grade container with a spigot that can remain locked in the open position and that is capable of maintaining water warm.

There are some containers with a push button spigot that can be retrofitted with lever-type spigots. These may be available from the manufacturer or from water container filling stores. All materials must be food-grade and must use potable water supply.

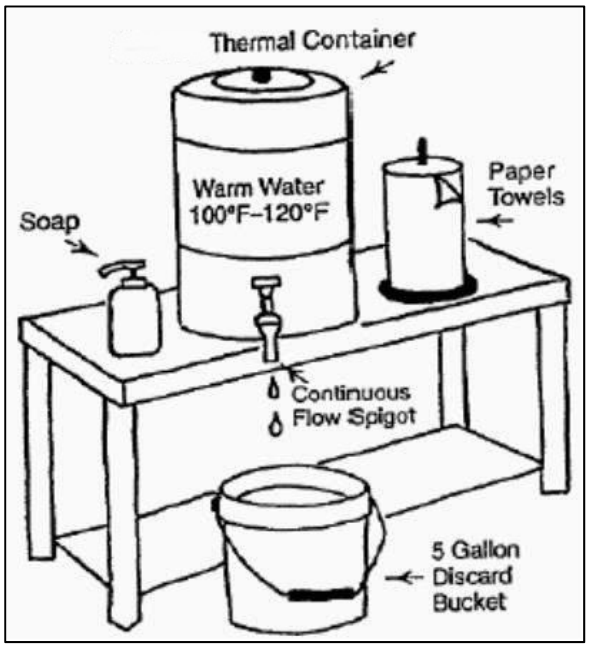
Options for obtaining warm water for handwashing include, but are not limited to:

- Heating water at the commissary then filling insulated water containers;
- Use a hot water heater (such as a coffee maker), then then mix with cold water;
- Heating water in a clean pot over a range/griddle in the food booth.



A handwash station is required to be operational inside the food booth if unpackaged food is handled prior to any food handling,

- Insulated water container with spigot that locks in open position
- WARM WATER
- Liquid soap
- Catch bucket
- Paper towels



Here is a list of resources you may research further. **These are NOT recommendations or endorsements.** You must still verify the products are food-grade, may store warm water and meet the department requirements. Check with the manufacturer.

www.cambro.com

www.webstaurantstore.com

www.carlislefsp.com
Search: insulated beverage

www.buddeez.com
This is a double-walled dispenser.

www.igloocoolers.com
Igloo's website shows a lever-type spigot replacement part. Description states it fits all Igloo 2, 3, 5 & 10 gallon beverage coolers.

www.rubbermaidcommercial.com
Search: insulated beverage

www.amazon.com
You may try searching for: lever spigot

www.walmart.com
Search: Mainstays 2-Gal Double Wall Dispenser

Some filtered water filling stores have a retrofit spigot with lever that may fit some insulated beverage dispensers that have a push-button spigot.

This document with website hyperlinks may be found on our website:
www.ehinfo.org > Consumer Protection Division > Certified Farmers' Markets

element
element
SWEET MINT
LIFE IS TOO SHORT
TO SNACK BADLY
BE IN YOUR
ELEMENT

Anaheim Convention Center

Food and Beverage Sampling Guideline

F&B Sampling Terms

1. Items dispensed are limited to products manufactured, processed or distributed by exhibiting firm.
2. All Items are limited to SAMPLE SIZE and must be distributed from exhibit location
    a. Beverage samples are limited to a maximum of two fluid ounces of product
    b. Food Items are limited to “Bite Size” portions of 3 oz.
    c. Food and/or beverage items as traffic promoters (i.e. popcorn, coffee, bar service) MUST be purchased through Catering Services.
    d. Firms wanting to distribute sample food and/or beverage at non-industry related events, or larger potions must pay Catering Services a waiver fee equal to 50% of the Catering Services retail price for similar item.
    e. Exhibiting Firms who wish to contract Catering Services to perform kitchen prep must ship product through the Catering Services Warehouse. Appropriate storage, handling, and labor fees will apply.
3. Exhibiting firm must provide Catering Services no later than three business days before the first day of the event with a certificate of liability with coverage of $2,000,000 per occurrence and Naming ARAMARK Corporation, the City of Anaheim and the Anaheim Convention Center as additional Insured.
4. Exhibiting firms are not authorized to sell any food or beverage items.

Alcohol Sampling Terms

1. All Alcoholic Beverages dispensed are limited to products manufactured, processed, or distributed by exhibiting firm.
2. Exhibiting Firms who wish to dispense alcoholic beverages must ship product through the Catering Services Warehouse via a California Licensed Distributor.
3. Alcoholic beverages received by Catering Services will be immediately inventoried and stored until the start of service. Following completion of all scheduled services any left over product will be inventoried to figure total consumption.
4. Exhibiting firms dispensing alcohol must contract a Catering Service Bartender. Catering Services Bartenders are required to pour all alcoholic beverages.
5. Alcohol Sample sizes are limited to the following:

Liquor: 1/2oz

Wine: 1oz

Beer: 2oz

6. Exhibiting firm must provide Catering Services no later than three business days before the first day ofthe event with a certificate of liability with coverage of $2,000,000 per occurrence and Naming ARAMARK Corporation, the City of Anaheim and the Anaheim Convention Center as additional Insured.

7.Catering Services at the Anaheim Convention Center follow all appropriate HACCP steps when handling and storing product.

8.Exhibiting firms are not authorized to sell any food or beverage items

Shipping and Storage Guidelines

1. All products contracted for Kitchen Prep, or Alcohol Sampling must be received and inventoried by a Catering Services Representative.
2. All Alcoholic Beverage must be delivered by a California Licensed Distributor.
3. Catering Services can provide dry, refrigerated, or freezer storage prior to, and during scheduled events.
    a. Exhibiting Firms must make storage arrangements with Catering Services at least 30 days prior to event in order to ensure space availability.
    b. All product contracted to be stored by Catering Services must be received no earlier than one week prior to event start, and no later than two days prior to event start.
    c. Catering Services Warehouse Hours are Monday through Friday 7am-3pm.
    d. Catering Services Warehouse Address:

        ARAMARK at the Anaheim Convention Center
        1850 West Street
        Anaheim, Ca 92802
        ATTN: Gregorio Fernandez and **(the name of your sales rep)**

Shipping and Storage Guidelines continued

When shipping product to the Catering Services Warehouse	**Include the following information on all boxes:** • Item Description • Dry, Refrigerated, or Freezer Storage • Name of Show and Exhibiting Firm • Catering Services Sales Managers name • Number of total boxes (i.e., 1 of 10)
Prior to shipping your product	**Please inform your sales manager of the following:** • What date you expect your shipment to arrive at the Anaheim Convention Center. • How many total boxes are you shipping, and what size are they? • How many total pallets? • How are we to store your product? Dry, Refrigerated, or Freezer.

Supplies and Rental Fees

Equipment Rental	
Chafer with Two Sterno: $71.00+ per day*	Cutting Board: $31.00+ per day
Sheet Pan: $11.00+ per day*	Bus Tub: $21.00+ per day*
Half Pan 2" Deep: $21.00+ per day*	Lexan Tub: $31.00+ per day
Full Pan 2" Deep: $25.00+ per day*	Heat Lamp $101 + per day

Supplies and Rental Fees

Supplies	
Spoons (Bidegradable,1000): $91.00++ per case	Ice 16lb Bag: $25.00++
Forks (Biodegradable, 1000): $91.00++ per case	Water Cooler Rental: $55.00+ (per day)
Knives (Biodegradable,1000): $91.00++ per case	Arrowhead 5 gallon water: $90.00++
Frill Picks, 3" (750): $16++ per box	Hotel Pan, 2", Disposable: $13.00++
Additional set (2) of Sterno: $13.00+ each pair 2 Hour Sterno	Hair Nets: $4.00++ ea
Bowl, Disposable 48oz: $18.00++	Gloves (Box of 100): $25.00++
Tray, Disposable 10": $18.00++	Napkins, Cocktail, 300: $31.00++
Tray, Disposable 16": $17++	Plates, Disposable, 6", 125: $41.00++
Serving Tong, Disposable: $21.00++	Serving Spoon, Disposable: $15.00++
Portion Cup, 2oz, 250: $25.00++	Portion Cup, 4oz, 250: $29.00++

Staff Fees and Storage Fees

Staff Fees	Storage Fees
Delivery Fee $50 **<u>Dedicated Attendant/Catering Server fee</u>** $200.00+ (4 hour minimum)/ $50+ each additional hour **<u>Chef Attendant/Kitchen Prep Fee</u>** $200.00+(4 hour minimum)/ $50+ each additional hour **<u>Chef Consultation Fee: (recommended for all kitchen prep recipe orders)</u>** $300.00+	**<u>Dry storage</u>** $250.00+ per pallet, per day: **<u>Refrigerated storage</u>** $375.00+ per pallet, per day: **<u>freezer storage</u>** $500.00+ per pallet, per day
All Staff fees are based on a four hour minimum shift. Additional fees per hour will apply.	

Examples of how to complete the Sampling Form

Product(s) you wish to dispense: energy drink
Size of Portion to be dispensed: 16 oz and 2 oz **Proposed method of dispersion:** hand out/ open pour
Quantity to be dispensed: 1000
Explain purpose for offering samples: brand awareness

Product(s) you wish to dispense: High Protein Bread & Pasta
Size of Portion to be dispensed: 2 oz **Proposed method of dispersion:** Sample Cups
Quantity to be dispensed: 500
Explain purpose for offering samples: marketing our High Protein Pantry Staples

Product(s) you wish to dispense: Rice Vinegar, Apple Cider Vinegar, Ponzu
Size of Portion to be dispensed: 1oz. Proposed method of dispersion: Pour over from bottle
Quantity to be dispensed: Sprinkle
Explain purpose for offering samples: taste products & have consumer/customer to try and use Marukan Vinegar

Product(s) you wish to dispense: chips, dips from Tal's tahini sauce
Size of Portion to be dispensed: 2 oz **Proposed method of dispersion:** mix dips
Quantity to be dispensed: 500
Explain purpose for offering samples: marketing our tahini sauce

Product(s) you wish to dispense: Energy Drink
Size of Portion to be dispensed: Full can **Proposed method of dispersion:**
Quantity to be dispensed: 1 pallet
Explain purpose for offering samples: allow the consumer to try our new beverage

Product(s) you wish to dispense: protein bars
Size of Portion to be dispensed: 1 oz **Proposed method of dispersion:** cutting
Quantity to be dispensed: 500
Explain purpose for offering samples: Introduce brand to new customers

Product(s) you wish to dispense: Protein powder samples
Size of Portion to be dispensed: 2 oz **Proposed method of dispersion:** Sample cups
Quantity to be dispensed: 150 to 300 samples per day
Explain purpose for offering samples: to elevate interest of consuming public

Product(s) you wish to dispense: preworkout powder
Size of Portion to be dispensed: 1 oz **Proposed method of dispersion:** mix in water, dispenser
Quantity to be dispensed: 1000
Explain purpose for offering samples: brand activation for fitness enthusiasts