

## 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](mailto: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: (\*included in this health packet)

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.cdpha.ca.gov/ahfss/Milk\\_and\\_Dairy\\_Food\\_Safety/](https://www.cdpha.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://web.cvent.com/event/2ebc302b-a453-45bb-ace5-b4f18a387bb9/regProcessStep1>

# 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

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.

You DO need a health permit.

## Which permit do I need?

SERVING SIZE 2 OZ OR LESS

SERVING SIZE OVER 2 OZ

CONTACT US

ARE YOU OPENING ANY PRODUCTS?

HOW MUCH PREP?

COOKING / CUTTING / MIXING / PORTIONING

OPEN & DISPENSE

SUBMIT HEALTH FORMS + PAYMENT; BRING HAND WASH KIT AND SNEEZE GUARDS

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.)

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.

YOU NEED PERMIT: **CATEGORY 1A**  
You are giving away and/or selling (SEALED) samples that are commercially manufactured and prepackaged such as energy drinks, noodles, protein powder, ice cream, coconut water, labeled packets of vitamins/minerals/supplements, 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.

## 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.

## What forms do I need?

1. TEMPORARY FOOD FACILITY (TFP) HEALTH PERMIT APPLICATION
2. CC AUTH FOR PERMIT FEE
3. ARAMARK SAMPLING AUTHORIZATION
4. FACILITY PUBLIC HEALTH PERMIT
5. PRODUCT IMAGES SHOWING PACKAGING AND INGREDIENTS LABELS
6. CERTIFICATE OF INSURANCE (COI)
7. SELLERS PERMIT (if selling)

## Where do I send the forms

SEND EVERYTHING TO: [HELEN.THEFITEXPO@GMAIL.COM](mailto:HELEN.THEFITEXPO@GMAIL.COM)

DOES IT CONTAIN DAIRY?  
YES: SUBMIT CDFG CERTIFICATE  
NO: SUBMIT PFR, FDA, STATE LICENSE, OR ANY STATE ISSUED INSPECTION LICENSE

## 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. (Permit Fee \$140) late fee \$150

##### 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. (Permit Fee \$140) late fee \$150

##### 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. (Permit Fee \$207) late fee \$150

#### 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](mailto: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.



Public Health Services  
Environmental Health Division  
1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705  
Telephone: (714) 433-6080  
Email: [EHSpecialEvents@ochca.com](mailto:EHSpecialEvents@ochca.com)  
Website: [www.ocfoodinfo.com/tff](http://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	<input type="checkbox"/> Prepackaged food/beverage/packaged samples only and/or whole produce – Category 1A
	<input type="checkbox"/> Prepackaged food/beverage with open sampling/dispensing – Category 1B
	<input type="checkbox"/> Preparing or handling unpackaged food/beverages – Category 2

2

EVENT	Name of Event: <b>TheFitExpo Anaheim</b>	Event Date(s): <b>August 29-30, 2026</b>	Event Hours 9:30 AM – 5:00 PM
	Event Address: <b>Anaheim Convention Center 800 W Katella Ave</b>	City: <b>Anaheim</b>	Zip: <b>92802</b>
	Event Organizer's Name: <b>Helen Yu</b>	Event Organizer's Phone Number: <b>818-660-1113</b>	Event Organizer's Email: <b>helen.thefitexpo@gmail.com</b>

3

TFF INFO	TFF Booth Name (DBA): <b>Ralphs Pavillion</b>	Have you participated in previous community events in Orange County before? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Person-in-Charge Name: <b>Ralphs Pavillion</b>	Person-in-Charge Phone Number: <b>Ralphs Pavillion</b>

4

TFF OWNER	Type of Ownership (*Attach Certificate of LP, LLP Registration, Articles of Incorporation or Organization): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LP* <input type="checkbox"/> LLP* <input type="checkbox"/> Corporation* <input type="checkbox"/> LLC* <input type="checkbox"/> Nonprofit Charitable Organization, attach proof of status** <input type="checkbox"/> City/Government Entity			
	Company/Business/Nonprofit Name (DBA): <b>Ralphs Pavillion</b>	Legal Owner's Name: <b>Ralphs Pavillion</b>	Owner's Phone Number:	
	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:

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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. <input type="checkbox"/> YES. Provide the name & address where food/beverage is prepared/ stored. <input type="checkbox"/> 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.
	Name: _____ Address: _____ City: _____ Zip: _____ <b>Initial Here:</b> _____ Once initialed, skip to Terms
	Is the facility located in Orange County? <input type="checkbox"/> Yes. Provide Permit #: _____ (if applicable) <input type="checkbox"/> No. Attach a copy of the health permit

**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					
PR	Billing/Permit type	FA	EV	Owner ID	TK
Fee Amount	Penalty Fee	Total Fee	HSD	Billing Status	

EHS	Permit is valid for	Permit Type: <input type="checkbox"/> Single Event <input type="checkbox"/> Site Specific/Recurring <input type="checkbox"/> Annual
	Notes	
	Permit Approved By (PRINT)	Date

**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@ochea.com](mailto:EHSpecialEvents@ochea.com)  
 Web Site: [www.OCFoodInfo.com/TFF](http://www.OCFoodInfo.com/TFF)

**OPERATION SPECIFICATIONS  
 TEMPORARY FOOD FACILITY**

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

6

TFF OPERATOR INFORMATION	EVENT INFORMATION
<b>Name of Food Booth:</b> Ralphs Pavillion	<b>Event Name:</b> TheFitExpo Anaheim
<b>Name of Owner and DBA:</b> Ralphs Pavillion	<b>Date(s) of Event:</b> August 29-30, 2026
<b>Facility Type:</b> <input checked="" type="checkbox"/> Food Booth <input type="checkbox"/> Food Truck/Trailer <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Food Cart	<b>Event Location:</b> <input checked="" type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event

7

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.)

8

**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

9

**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:

- The booth will be operated by members of our organization or other noncommercial supporters.
- All proceeds will be turned over to the above-named non-profit organization or to another approved non-profit entity.
- 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.
- 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: \_\_\_\_\_

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 Web Site: [www.OCFoodInfo.com/TFF](http://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:

_____	<b>1.</b>	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.
_____	<b>2.</b>	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.
_____	<b>3.</b>	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.
_____	<b>4.</b>	A probe thermometer for checking internal food temperatures will be on-site and available for use.
_____	<b>5.</b>	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.
_____	<b>6.</b>	I will ensure food will be protected from customer contamination by using lids, sneeze guards, and/or individual portion samples, etc.
_____	<b>7.</b>	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).
_____	<b>8.</b>	I understand that I am responsible for obtaining approval from all applicable agencies, including the local fire department, planning departments, and Alcohol Beverage Control.
_____	<b>9.</b>	I understand that no food should be prepared or stored at home (excluding food under Cottage Food Operator Permit).
_____	<b>10.</b>	I understand that I may be charged up to three times the permit fee if found operating without a valid health permit.
_____	<b>11.</b>	I understand that once the application is reviewed, the permit fee is non-refundable, including any late penalty fee.
_____	<b>12.</b>	I understand that permits are non-transferable.

**11**

Application completed by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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 INSURED

(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](mailto:insurance@shahinian.com). Also visit [ShahinianInsurance.com](http://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!



# 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).

<b>PRODUCER</b> SHAHINIAN INSURANCE SERVICES, INC. P.O. BOX 4093 TUSTIN CALIFORNIA 92781-4093 PHONE (800) 457-2231/FAX (714) 544-4370		<b>CONTACT NAME</b> PHONE (A/C, No, Ext) E-MAIL ADDRESS FAX (A/C, No)	
<b>INSURED</b> <b>1 EXHIBITING COMPANY NAME OR DBA AS IT APPEARS ON EXHIBITOR CONTRACT</b>		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>2</b> MAXUM INDEMNITY COMPANY NAIC # 12345 <b>INSURER NAMES &amp; NAIC #</b> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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.

INSURER	TYPE OF INSURANCE	ADOL. INSD.	SUBR. WVD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		<input checked="" type="checkbox"/>	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 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP ASG \$ 1,000,000
<b>THESE AREAS CHECKED OFF</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC							
<b>COVERAGE DATES MUST INCLUDE SET-UP AND EVENT DATES</b>							
OTHER <b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED 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	
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				Y/N Y N/A	JP 47382211	12/1/2025 12/1/2026	<input checked="" type="checkbox"/> PER STATUTE 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 CANCELLATION

**5** NATIONAL FITNESS PRODUCTIONS  
722 AMERICANA WAY #201  
GLENDALE, CA 91210  
HELEN.THEFITEXPO@GMAIL.COM

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**

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH  
FOOD AND DRUG BRANCH

PROCESSED FOOD REGISTRATION

[REDACTED]

REGISTRATION NUMBER: [REDACTED]  
EXPIRATION DATE: 12/11/2016

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



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

Facility Name Suffix

**Incorporated**

Facility Street Address, Line 1

Facility Street Address, Line 2

City

State/Province/Territory

Zip Code (Postal Code)

Country/Area

**UNITED STATES**

Telephone Number

Fax Number

E-Mail Address

Unique Facility Identifier (UFI)

**Section 3: Preferred Mailing Address Information**








**OVERVIEW OF TEMPORARY FOOD FACILITY (FOOD BOOTH) REQUIREMENTS**

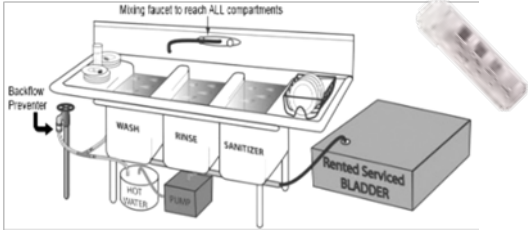

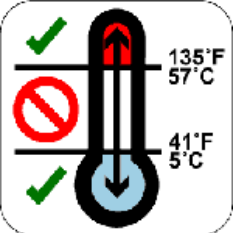
Anytime food or drinks is sold or given away to the public at a community event, a health permit is required. The type of health permit and the requirements for the operation of a food booth will depend on the type of food that is being offered.

*A community event is an event that is conducted for not more than 25 consecutive or nonconsecutive days in a 90-day period and that is of civic, political, public, or educational nature, including state and county fairs, city festivals, circuses and other public gathering events approved by Orange County Environmental Health (OCEH). A grand opening, a store give-away event, or any other event that is designed to increase, celebrate, or promote a business is **not** a community event.*

This handout summarizes the California Retail Food Code requirements and is intended to assist you in providing safe and wholesome food to the public and preventing foodborne illness.

All food vendors **MUST** comply with the following requirements during preparation and all hours of operation. All TFFs are subject to inspection by OCEH. Failure to comply with these operating requirements may result in a closure until violations are corrected.

Booth Requirements	Prepackaged Food/Beverages Only Category 1A	Prepackaged Food/Beverages w/Sampling Category 1B	Unpackaged Food/Beverages Category 2
<b>Person-in-Charge</b>	<ul style="list-style-type: none"> <li>Available at all times during booth operation</li> <li>Demonstrate adequate knowledge of food safety principles as they relate to the specific food operation</li> <li>Responsible for all food worker actions related to food handling and booth operation</li> </ul>		
<b>Identification of TFF</b>	Each food booth is to have the following information posted and clearly visible to customers: <ul style="list-style-type: none"> <li>Booth Name (3 inch lettering)</li> <li>Name of Operator, City, State, Zip Code (1 inch lettering)</li> <li>Health Permit</li> </ul>		
<b>Food Booth</b>	<ul style="list-style-type: none"> <li>Overhead protection only</li> </ul> 	<ul style="list-style-type: none"> <li>Overhead protection only</li> <li>Concrete, asphalt, or wood flooring</li> </ul> 	<ul style="list-style-type: none"> <li>Full Enclosure required</li> <li>Approved food compartments may be used in lieu of a full enclosure</li> <li>Concrete, asphalt, wood flooring (no grass)</li> </ul> 
<b>Handwashing sink equipped with single use soap and paper towels</b>	No handwashing sink required.	Handwashing facilities must include: Warm water in a container capable of providing continuous stream of water that leaves both hands free to allow vigorous rubbing. Hand wash sink must be equipped with: single use soap, paper towels and towel receptacle.  For events that operate more than 3 days, handwashing sink must be capable of providing warm water under pressure.	
			

Booth Requirements Continued	Prepackaged Food/Beverages Category 1A	Prepackaged Food/Beverages w/Sampling Category 1B	Unpackaged Food/Beverages Category 2
<b>Utensil Washing Sink</b>	Not Required	A 3 compartment sink with 2 metal drain boards** must be available for utensil and equipment cleaning and sanitization within 100 feet of each unpackaged food booth. Overhead protection must be provided over sink. Up to 8 vendors can share a 3 compartment sink. Fresh water and waste water tanks are to be used unless there is a connection to a fresh water supply, then a waste water connection to a sewer is required. <ul style="list-style-type: none"> <li>Hot (minimum 120 F) and cold running water</li> <li>Sanitizer test strips</li> </ul> ** Four sets of backup utensils (properly washed and sanitized at a food facility) may be provided in lieu of a 3 compartment sink, for events lasting 4 hours or less.	
<b>Restrooms for food employees</b>	Restrooms (one per 15 food employees) with warm water (100°F) with handwashing stations <ul style="list-style-type: none"> <li>Located within 200 feet of each food booth</li> </ul>		
<b>Temperature Control of Potentially Hazardous Foods (PHF)</b>	All perishable food (i.e. potentially hazardous foods) shall be kept at or below the required temperatures: <ul style="list-style-type: none"> <li>Cold food may be held at 45°F for up to 12 hours in any 24 hour period and must be discarded at the end of the day. PHF kept at 41°F or below does not have to be discarded at the end of the day.</li> <li>Hot foods must be held in approved hot holding units (steam tables, hot plates, chafing dishes, etc.) at/or above 135°F and discarded at the end of the day.</li> <li>Calibrated food thermometers must be available to monitor food temperatures.</li> </ul>		
<b>Food Service</b>	All food must be packaged and labeled. <ul style="list-style-type: none"> <li>Product name</li> <li>Ingredients</li> <li>Net Weight</li> <li>Name and address of manufacturer</li> </ul> Limited to packaged samples only	Unpackaged samples must be stored in approved food compartments (squeeze bottles, drip bottles, shaker bottles, etc.) <ul style="list-style-type: none"> <li>Samples must be individually portioned for distribution and given to each customer individually by a TFF employee</li> <li>Safe food handling practices must be followed at all times</li> <li>Minimize bare hand contact with ready to eat food by using tongs, or other utensils.</li> <li>Eating or smoking is prohibited in the food booth</li> </ul>	Food must be prepared inside the food booth unless an alternate food preparation site has been pre-approved by OCEH <ul style="list-style-type: none"> <li>All food must be from an approved source</li> <li>BBQ cooking is allowed outside of the booth. <i>Once items are cooked, they must be brought into the enclosed booth.</i></li> <li>Cooking equipment outside of the booth must be sectioned off from the public using rope, caution tape, etc.</li> <li>Safe food handling practices must be followed at all times</li> <li>Minimize bare hand contact with ready to eat food by using tongs, or other utensils.</li> <li>Eating or smoking is prohibited in the booth</li> </ul>
<b>Food Source</b>	All food must be from an approved source (i.e. permitted kitchen, market, food processor). A copy of the health permit and/or a Processed Food Registration (PFR) is submitted with the TFF application. <b>Note: A specialized processing permit from the State of California (PFR, or a Milk and Dairy License) is required for processes such as: bottling, canning, juicing, manufacturing jerky or milk products; and for food products packaged and sold offsite from where it is prepared. In addition, an 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.</b>		
<b>Food Storage</b>	Food, beverages and equipment must be stored 6 inches off the floor and be protected from contamination. Food stored overnight must be stored in approved vermin proof containers and backup potentially hazardous foods must be maintained at proper temperatures.		
<b>Trash/Waste</b>	<ul style="list-style-type: none"> <li>Trash containers are emptied and bags replaced on a regular basis to prevent a nuisance( i.e flies/ vermin attractant)</li> <li>Trash is disposed of in an approved manner (trash service) as needed</li> </ul>		

## UPLOAD APPLICATION TO CVENT OR EMAIL HELEN.THEFITEXPO@GMAIL.COM

Welcome to Orange County! Our goal at Environmental Health is to partner with you in ensuring safe, quality food for your consumers.

A temporary food facility (also known as a food booth vendor) is required to obtain a health permit when operating at a community event. To apply for a Health Permit, submit the following documents:

- **Completed “Health Permit Application – Temporary Food Facility”**
  - Please print or type your application.
  - All fields must be completed and legible. Enter N/A if a field is not applicable to the business. If the information entered is the same for multiple fields, reenter that information – do not use “same as above.”
  - Do not enter information in the section noted “OFFICE USE ONLY.”
- **For Site Specific Events and Annual Permits only, a copy of supporting documentation of the “person” who is legally responsible for the operation of the temporary food facility (TFF)**
  - **Sole Proprietor** – a current driver’s license, state issued identification card or Foreign Consulate Identification Card
  - **General Partnership** – a current driver’s license, state issued identification card or Foreign Consulate Identification Card for each owner
  - **Limited Partnership (LP)** – Certificate of Limited Partnership
  - **Limited Liability Partnership (LLP)** – Limited Liability Partnership (LLP) Registration
  - **Corporation** - Articles of Incorporation, including a list of the officers’ names and titles
  - **Limited Liability Company (LLC)** – Articles of Organization
  - **Nonprofit Charitable Organization\*\*** – Articles of Incorporation pursuant to Nonprofit Corporation Law as defined in the California Retail Food Code. Nonprofit charitable temporary food facilities may operate up to four times annually. These four time periods shall not exceed 72 hours each. (California Retail Food Code, Section 114332.1).
- **Completed TFF Operational Specifications**

Acceptable forms of payment are cash, check, credit card or money order. Make checks payable to “County of Orange.” Health permit fees are nonrefundable. You may **pay in person** at 1241 E. Dyer Rd. Santa Ana, CA 92705 from 8:00 a.m. to 4:00 p.m., Monday through Friday (excluding County holidays) or **mail** your check along with the completed health permit application and Operational Specifications to:

ORANGE COUNTY ENVIRONMENTAL HEALTH  
PO BOX 25400  
SANTA ANA, CA 92799

To ensure timely review and approval of the permit, submit at least 30 days prior to the event. 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).

To learn more about Special Events, please visit [www.ocfoodinfo.com/tff](http://www.ocfoodinfo.com/tff).

If you have any questions, please contact the Special Events Program at (714) 433-6080.



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

<b>TYPE</b>	<input type="checkbox"/> Prepackaged food/beverage/packaged samples only and/or whole produce – <b>Category 1A</b> <input type="checkbox"/> Prepackaged food/beverage with open sampling/dispensing – <b>Category 1B</b> <input type="checkbox"/> Preparing or handling unpackaged food/beverages – <b>Category 2</b>					
<b>EVENT</b>	Name of Event:		Event Date(s):		Event Hours	
	Event Address:			City:		Zip:
	Event Organizer's Name:		Event Organizer's Phone Number:		Event Organizer's Email:	
<b>TFF INFO</b>	TFF Booth Name (DBA):			Have you participated in previous community events in Orange County before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Person-in-Charge Name:		Person-in-Charge Phone Number:		Person-in-Charge Email:	
<b>TFF OWNER</b>	Type of Ownership (*Attach Certificate of LP, LLP Registration, Articles of Incorporation or Organization): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LP* <input type="checkbox"/> LLP* <input type="checkbox"/> Corporation* <input type="checkbox"/> LLC* <input type="checkbox"/> Nonprofit Charitable Organization, attach proof of status** <input type="checkbox"/> City/Government Entity					
	Company/Business/Nonprofit Name (DBA):		Legal Owner's Name:		Owner's Phone Number:	
	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:
<b>FOOD SOURCE: PREPARATION/STORAGE</b>	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. <input type="checkbox"/> <b>YES.</b> Provide the name & address where food/beverage is prepared/ stored: <input type="checkbox"/> <b>NO.</b> 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.					
	Name: _____ Address: _____ City: _____ Zip: _____ <b>Initial Here:</b> _____ Once initialed, skip to Terms					
	Is the facility located in Orange County? <input type="checkbox"/> Yes. Provide Permit #: _____ (if applicable) <input type="checkbox"/> No. Attach a copy of the health permit					
	Do you own the food facility where you are preparing and storing the food? <input type="checkbox"/> Yes <input type="checkbox"/> No. Provide a Dependent Permit/Shared Agreement					
<b>TERMS</b>	**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:		
	<b>OFFICE USE ONLY</b>					
<b>FEE</b>	PR	Billing/Permit type	FA	EV	Owner ID	TK
	Fee Amount	Penalty Fee	Total Fee	HSO	Billing Status	
<b>EHS</b>	Permit is valid for			Permit Type: <input type="checkbox"/> Single Event <input type="checkbox"/> Site Specific/Recurring <input type="checkbox"/> Annual		
	Notes			Permit Approved By (PRINT)		
			Date			



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](mailto:EHSpecialEvents@ochca.com)  
 Web Site: [www.OCFoodInfo.com/TFE](http://www.OCFoodInfo.com/TFE)

**OPERATION SPECIFICATIONS  
 TEMPORARY FOOD FACILITY**

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

TFF OPERATOR INFORMATION	EVENT INFORMATION
<b>Name of Food Booth:</b>	<b>Event Name:</b>
<b>Name of Owner and DBA:</b>	<b>Date(s) of Event:</b>
<b>Facility Type:</b> <input type="checkbox"/> Food Booth <input type="checkbox"/> Food Truck/Trailer <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Food Cart	<b>Event Location:</b> <input type="checkbox"/> Indoor Event <input type="checkbox"/> 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: \_\_\_\_\_
- 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: \_\_\_\_\_



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](mailto:EHSpecialEvents@ochca.com)  
 Web Site: [www.OCFoodInfo.com/TFE](http://www.OCFoodInfo.com/TFE)

**OPERATION SPECIFICATIONS  
 TEMPORARY FOOD FACILITY**

**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:

_____	<b>1.</b>	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.
_____	<b>2.</b>	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.
_____	<b>3.</b>	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.
_____	<b>4.</b>	A probe thermometer for checking internal food temperatures will be on-site and available for use.
_____	<b>5.</b>	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.
_____	<b>6.</b>	I will ensure food will be protected from customer contamination by using lids, sneeze guards, and/or individual portion samples, etc.
_____	<b>7.</b>	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).
_____	<b>8.</b>	I understand that I am responsible for obtaining approval from all applicable agencies, including the local fire department, planning departments, and Alcohol Beverage Control.
_____	<b>9.</b>	I understand that no food should be prepared or stored at home (excluding food under Cottage Food Operator Permit).
_____	<b>10.</b>	I understand that I may be charged up to three times the permit fee if found operating without a valid health permit.
_____	<b>11.</b>	I understand that once the application is reviewed, the permit fee is non-refundable, including any late penalty fee.
_____	<b>12.</b>	I understand that permits are non-transferable.

**Application completed by:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 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.

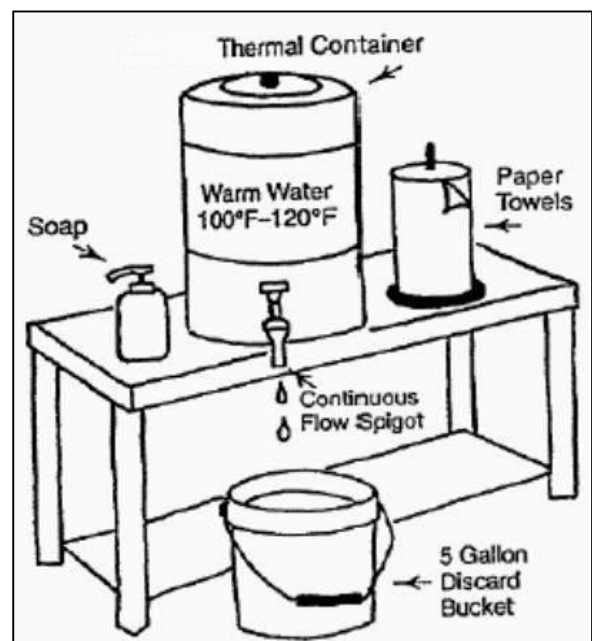
Options for obtaining warm water for handwashing include, but are not limited to:

- 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](http://www.cambro.com)



[www.webstaurantstore.com](http://www.webstaurantstore.com)



[www.carlislefsp.com](http://www.carlislefsp.com)

Search: insulated beverage



[www.buddeez.com](http://www.buddeez.com)

This is a double-walled dispenser.



[www.igloocoolers.com](http://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](http://www.rubbermaidcommercial.com)

Search: insulated beverage



[www.amazon.com](http://www.amazon.com)

You may try searching for: lever spigot



[www.walmart.com](http://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](http://www.ehinfo.org) > Consumer Protection Division > [Certified Farmers' Markets](#)

• no added oils  
• nothing artificial  
• no more dyes

*element*  
GLUTEN FREE  
DAIRY FREE  
NO PRESERVATIVES  
NO ARTIFICIAL FLAVORS  
NO ARTIFICIAL COLORS  
NO SUGAR  
NO SALT

*element*  
6-PACKS  
NEW DESIGN  
1-4oz  
6-PACKS  
1-4oz

*element*  
SWEET MINT  
BIBBED CORN CHIPS  
NET WT. 3.5oz (100g)

NO ADDED OILS  
NO ARTIFICIAL FLAVORS  
NO ARTIFICIAL COLORS

LIFE IS TOO SHORT  
TO SNACK BADLY

*element*  
BE IN YOUR  
*element*





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

### **Kitchen Prep Guidelines:**

Catering Services can provide Kitchen preparation services to assist exhibiting firm's food and beverage sampling needs. Kitchen preparation needs must be submitted in writing to the Catering Services Sales Office at least 21 days prior to event start. All kitchen preparation requests received less than 21 days prior to the start of the show will incur a 15% late processing fee.

1. The following Guidelines must be followed when submitting kitchen preparation recipes for food and beverage sampling.
  - a. Complete recipe list submitted in writing to Catering Services Sales Office. Your recipe notes must include:
    - i. Complete recipe and preparation instructions, calculated into institutional sizes.
    - ii. Quantity of product to be prepared by Catering Services
    - iii. Provide a list/quantity of all products from recipe that your exhibiting firm will be providing. *(Catering Services must provide all food and beverage items within recipe or used for sampling that are not manufactured, processed, or distributed by exhibiting firm.)*
    - iv. Provide a list/quantity of all Catering Services provided items.
    - v. What time(s) and quantities would you like the kitchen prepared product sent to your booth? *(a \$75.00+ deliver fee will apply for each delivery)*
    - vi. A description of any special instructions that may be needed. (i.e., how should your product be served/displayed, portioned, etc)
    - vii. A list of all miscellaneous serving supplies you will need Catering Services to provide for you. (i.e., utensils, chafers, bowls, plates, etc. See Booth Supplies/Rental Equipment for pricing). *Please note that Catering Services does not supply complimentary utensils, etc needed for booth sampling.*

### **Food and Beverage Sampling/Kitchen Prep Fees**

Storage/Handling Fees (*product shipped in lesser quantities will be pro rated based on the following fees*):

- \$350.00+ per pallet, per day: dry storage
- \$500.00+ per pallet, per day: refrigerated storage
- \$675.00+ per pallet, per day: freezer storage

Labor Fee's

- Delivery fee: \$75.00+, per delivery of product to booth
- Dedicated Attendant/Catering Server fee: \$175.00+ (4 hour minimum)/ \$43.75+ each additional hour
- Chef Attendant/Kitchen Prep Fee: \$175.00+(4 hour minimum)/ \$43.75+ each additional hour
- Chef Consultation Fee: \$200.00+ (recommended for all kitchen prep recipe orders)
- Bartender fee: \$175.00+ (4 hour minimum)/ \$43.75+ each additional hour

### **Food and Beverage Sampling Booth Supplies and Equipment Rental Fees**

- Ice 25lb Bag: \$25.00++
- Water Cooler Rental: \$55.00+ (per day)
- Arrowhead 5 gallon water: \$90.00++
- Hotel Pan, 2", Disposable: \$12.00++
- Hair Nets: \$3.00++ ea
- Gloves(Box of 100): \$24.00++
- Knives (Biodegradable,1000): \$90.00++ per case
- Spoons (Bidegradable,1000): \$90.00++ per case
- Forks (Biodegradable, 1000): \$90.00++ per case
- Frill Picks, 3" (750): \$15.00++ per box
- Heat Lamp: \$100.00+ per day\*
- Chafer with Two Sterno: \$70.00+ per day\*
- Additional set (2) of Sterno: \$12.00+ each pair
- Sheet Pan: \$10.00+ per day\*
- Half Pan 2" Deep: \$20.00+ per day\*
- Full Pan 2" Deep: \$24.00+ per day\*
- Cutting Board: \$30.00+ per day\*
- Bus Tub: \$20.00+ per day\*
- Lexan Tub: \$30.00+ per day
- Bowl, Disposable 48oz: \$17.00++
- Tray, Disposable 10": \$17.00++
- Tray, Disposable 16": \$19.00++
- Serving Tong, Disposable: \$20.00++
- Serving Spoon, Disposable: \$14.00++
- Portion Cup, 2oz, 250: \$24.00++
- Portion Cup, 4oz, 250: \$28.00++
- Plates, Disposable, 6", 125: \$40.00++
- Napkins, Cocktail, 300: \$30.00++

**AUTHORIZATION REQUEST  
SAMPLE FOOD AND/OR BEVERAGE DISTRIBUTION**

ARAMARK Sports & Entertainment Services has **exclusive** food and beverage distribution rights within the Anaheim Convention Center. Exposition organizations and/or their exhibitors may distribute sample food and/or beverage products only with the written approval of ARAMARK Sports & Entertainment Services.

**GENERAL CONDITIONS:**

- 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) Non-Alcoholic Beverage samples are limited to a maximum of two fluid ounces of product.
  - B) Food Items are limited to "Bite Size" portions of 1 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 portions must pay Catering Services a waiver fee. Exhibiting Firms who wish to dispense alcoholic beverages must ship product through the Catering Services Warehouse. Appropriate corkage and bartending fees will apply.
- 3) Exhibiting Firms who wish to dispense alcoholic beverages must ship product through the Catering Services Warehouse. Appropriate corkage and bartending fees will apply.
- 4) 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.

Name of Event: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 Booth Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 State & Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Contact: \_\_\_\_\_

Event Date: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_  
 Fax: (\_\_\_\_) \_\_\_\_\_  
 City: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Title: \_\_\_\_\_

Product(s) you wish to dispense: \_\_\_\_\_  
 Size of Portion to be dispensed: \_\_\_\_\_ Proposed method of dispersion: \_\_\_\_\_  
 Quantity to be dispensed: \_\_\_\_\_  
 Explain purpose for offering samples: \_\_\_\_\_  
 \_\_\_\_\_

**Before sending/faxing, please sign under 'Agreed', indicating you have read and agree with the conditions above.**

Approved: \_\_\_\_\_  
By Catering Services

Agreed: \_\_\_\_\_  
By The Exhibiting Firm

**Return To:**  
**Catering Services Sales Department**  
**At the Anaheim Convention Center**  
**800 West Katella Avenue**  
**Anaheim, California 92802**  
**Phone: (714) 765-8800 \* E-mail ACC-Catering@aramark.com**

## 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



### Limited-Term Production – Shared Food Facility Agreement

Environmental Health (EH) recognizes that there are times when food entrepreneurs and others working in the food industry may require access to a permitted kitchen for a **very specific, short time period\*** in order to meet production needs. To produce food in a permitted kitchen without obtaining a health permit, complete this form and submit for review to the Food Safety Program. \* *No more than once in a calendar year.*

**Primary Food Operator**

The person listed below has my permission to prepare food in my food facility on the days and time(s) listed below and store food and equipment in my food facility. I assume all responsibility for any health code violations which may occur while my facility is being used for this purpose.

Business Name	Facility Address
Name of Legal Owner/Representative	PR#
Print Name	Signature
Phone Number	Date
Day and Time of use by Limited-Term Food Operator	

**Limited-Term Food Operator**

I agree to use the above food facility to store food and equipment and for the preparation of food in advance of the event. I understand that if I no longer prepare food at this facility I must obtain another agreement for the use of a permitted food facility or discontinue preparation of food in advance of the event.

Business Name	Food Operator Address
Food to be Prepared at the Primary Food Operator Facility	
Print Name	Signature
Phone Number	Date

**This agreement has been approved by Environmental Health for the date and time noted above.**

EHS Print Name: \_\_\_\_\_ EHS Signature: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Comments: \_\_\_\_\_

**Maintain a copy of the approved agreement on site at the primary permitted food facility.**