

DECLARATION FOR FOOD FACILITY EXEMPTION AT TEMPORARY EVENT

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