



COUNTY OF NEVADA  
COMMUNITY DEVELOPMENT AGENCY

10075 Levone Ave, STE 105  
Truckee, CA 96161

PLANNING DEPARTMENT  
PHONE (530) 265-1440  
FAX (530) 265-9851

ENVIRONMENTAL HEALTH  
530-582-7884  
Fax: 530-582-0712

BUILDING DEPARTMENT  
PHONE (530) 265-1444  
FAX (530) 265-9854

Temporary Food Facility Vendor Registration Form



Truckee Office: 10075 Levon Ave, Ste 105 Truckee CA 96161

Vendor Registration  
Number: \_\_\_\_\_

Name of Concession: \_\_\_\_\_

Concession Owner: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_ FAX: \_\_\_\_\_

Vendor Risk Classification: \_\_\_\_\_ (see table 1)

Review the classifications and temporary food facility (TFF) booth requirements listed in the table below. Check the boxes provided for the types of food handled in your concession. Enter the highest risk type in the Vendor Risk Classification space above. Type A is highest risk. Type D is lowest risk.

Table 1

Risk Type	Vendor Classification	Booth Requirements
<input type="checkbox"/> A	<b>POTENTIALLY HAZARDOUS UNPACKAGED FOODS</b> Examples: BBQ, tacos, roasted corn & potatoes, chow mein, hotdogs, scooped ice-cream, etc.	Hand washing Utensil & equipment washing Fully enclosed booth Temperature control Thermometer
<input type="checkbox"/> B	<b>POTENTIALLY HAZARDOUS PREPACKAGED FOODS</b> Examples: Commercially prepackaged sandwiches, ice cream bars, pasties, etc., from the manufacturer.	Hand washing Overhead protection & durable floor Temperature control Thermometer
<input type="checkbox"/> C	<b>NON-POTENTIALLY HAZARDOUS UNPACKAGED FOODS</b> Examples: Sno-cones, cotton candy, popcorn, nuts, caramel apples, pretzels, etc.	Hand washing Utensil & equipment washing Fully enclosed booth
<input type="checkbox"/> D	<b>NON-POTENTIALLY HAZARDOUS PREPACKAGED FOODS</b> Examples: Canned or bottled soda & water, candy, bagged cotton candy, bagged popcorn & potato chips, popsicles, raw produce, etc.	Overhead protection & durable floor

Complete Tables 2 and 3 on the reverse side regarding the menu and operation of the TFF booth and complete a Fee Agreement form.

I have received a copy of the Requirements for Temporary Food Facilities and a Self Inspection Checklist. I agree to follow these guidelines. This Registration must be posted in the TFF Booth.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Official Use Only

Approved  Denied

By \_\_\_\_\_ Date \_\_\_\_\_

## Temporary Food Facility Vendor Registration Form

Table 2

List all food items	List source of food	Indicate where food prepared	Indicate equipment used to cook & maintain temperature control

Table 3

Hand washing	Utensil washing			
<input type="checkbox"/> 5 Gallon water container with valve. Liquid pump soap, single use paper towels				
<input type="checkbox"/> Other. Indicate in writing below.				

Please note:

- No home preparation or storage of food is allowed.
- Hot potentially hazardous foods (Types A&B) shall be destroyed at the end of the day.



**COUNTY OF NEVADA  
COMMUNITY DEVELOPMENT AGENCY**  
950 MAIDU AVENUE NEVADA CITY, CA 95959  
(530) 265-1222 <http://mvnevadacounty.com>

PLANNING DEPARTMENT  
FAX (530) 265-9851

ENVIRONMENTAL HEALTH  
FAX (530) 265-9853

BUILDING DEPARTMENT  
FAX (530) 265-9854

AGRICULTURAL COMMISSIONER  
FAX (530) 273-1713

**AGREEMENT TO PAY FORM**

Fees for Nevada County Community Development Agency (NCCDA) services, including any associated fees for the Department of Transportation and Sanitation, are based upon fee schedules approved by the Nevada County Board of Supervisors (Board). Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by NCCDA staff members. This fully completed *Agreement To Pay Form* executed with original signatures must be submitted to the NCCDA along with the completed permit forms and the initial payment of the minimum fees for each department. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.mynevadacounty.com>

Questions regarding specific fees should be directed to the appropriate department by calling (530) 265-1222.

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

**Property Information:**

**Invoices and/or notices to be mailed to:**

APN: _____	Name: _____
Property Owner/Business Name (if applicable): _____	Address: _____
Address: _____	Telephone: _____

NCCDA Staff is authorized to consult with necessary governmental agencies concerning this project. They are also authorized to consult with the following individuals concerning my project:

*I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Dated: \_\_\_\_\_ CDL# \_\_\_\_\_

Tel #: \_\_\_\_\_

**THIS SECTION FOR OFFICE USE ONLY**

Service: Temporary Food Vendor Registration Program: 1690 Job # \_\_\_\_\_ Minimum Fee: \$132.62

DOTS #: \_\_\_\_\_ Project File #: \_\_\_\_\_ Billing Code: \_\_\_\_\_

Amount Collected: \$ 132.62 Receipt #: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

Service: \_\_\_\_\_ Program: \_\_\_\_\_ Job No: \_\_\_\_\_

DOTS #: \_\_\_\_\_ Project File #: \_\_\_\_\_ Billing Code: \_\_\_\_\_

Amount Collected: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_