



Sacramento Metropolitan Fire District

Community Risk Reduction Division

www.metrofire.ca.gov

10545 Armstrong Ave., Suite 310 · Mather, CA 95655 · Phone (916) 859-4330 · Fax (916) 859-3717

VENDOR BOOTH OPERATIONS PERMIT APPLICATION

EVENT: _____ Date(s): _____

Booth Sponsor: _____ Booth # _____

Booth Operator: _____ Telephone # _____

Responsible Person: _____ Telephone # _____

Dates and Hours of Food Booth Operations: _____

Type(s) of Booth : _____

Generator: Fuel Type: _____

Cooking: (Choose all that apply)

Type of appliance/cooker: Bar-B-Q Deep Fat Fryer Wok Skillet Hot Plate

Fuel type: Charcoal Wood Electrical LPG

Fire extinguisher type: Class 2A10BC Class K

I HAVE READ AND UNDERSTAND THE ATTACHED Food Booth Operations requirements and agree to abide by all conditions required by the Fire District. A copy of this permit application shall be posted within the tent, canopy or booth or otherwise be available for the Fire District to sign.

I further understand there will be no exceptions or modifications to these requirements the day of the event. Failure to comply with Fire District regulations shall result in immediate closure of booth and revocation of your permit. Any questions or requests regarding exceptions or modifications must be submitted with supporting documentation at time of Permit Application, minimum 2-weeks prior to the event. A copy of this permit application shall be provided to the event organizer.

Responsible Person _____ Date _____