

National Park Service U.S. Department of the Interior

Golden Gate National

Recreation Area

Building 201, Fort Mason San Francisco, CA 94123 Public Health Officer

415-561-4743 phone 415-561-4727 fax 415-278-1788 cell

Temporary Food Event (TFE) Program

EVENT ORGANIZER APPLICATION AND PERMIT-FORT MASON CENTER (FMC)

Event Organizer:			
Event Production Compa	ny:		
Address:		Business	License #
Phone:	Fax:	E-mail:	License #
Contact Person off-site:_		pl	none
Contact Person on-site:_		pl	none
Event Organization:			
Address:			
Phone:	Fax:	E-mail:	
FMC Event ID # as listed	on contract		
Event Information			
Name of Event:		()	
FMC Location:	Date	e(s)	Hours
Time of day food facilities	will be ready to inspect: _		
Event will be held (circle of	one): Indoors Outdoors	Expected number of	f guests:
Number of exterior food to I, as organizer, agree to p	rucks:+ Number provide (circle all that apply):	of indoor vendors: Hand washing stations	= Total: Ware washing bins/Test Papers
responsible for submitting	the Organizer Application	, a Temporary Food Ev	on Area (GGNRA) staff. <u>I am</u> vent Vendor Application for each st two weeks prior to the date of the
event. Longer submittal time ensuring food safety at the e	es required for 10 or more ver event by organizing the site a quirements, ensuring a potab	ndors (See form #301). ppropriately, visiting eac	I recognize my responsibility in ch vendor opening day to ensure oviding an approved waste system
and upon renewal of insurar any material change in the in insurance in the amount con herein, but in any event, the	nce thereafter, and shall provinsurance policy. I shall provionmensurate with the degree	de the GGNRA thirty (3 de GGNRA proof of com of risk and the scope an ess than \$1,000,000.00	at the inception of this authorization 0) days advance written notice of prehensive general liability d size of such activities authorized per occurrence covering both bodily
of GGNRA from and against	t any and all claims, demands	s, and actions for damag	harmless, and assume the defense ges resulting from work under this responsibilities as the (Organizer
	Ith Officer of the Organian the issuance of a TFE I		
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EVENT ORGANIZER APPLICATION AND PERMIT

CONDITIONS OF NATIONAL PARK SERVICE (NPS) TEMPORARY FOOD EVENT PERMIT

- 1. The Holder is prohibited from giving false information, to do so will be considered a breach of conditions and be grounds for revocation: [RE:36 CFR 2.32(a)(3)].
- 2. The Holder shall exercise this privilege subject to the supervision of the NPS, and shall comply with all applicable laws and regulations of the area and terms and conditions of the authorization. The Holder must acquire all permits or licenses of State or local government, as applicable, necessary to provide the services, and, must operate in compliance with all applicable Federal, State, and local laws and regulations, including, without limitation, all applicable GGNRA policies, procedures and regulations.
- 3. This authorization is issued upon the express condition that the United States, its agents and employees shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury, injuries, or death to any person or persons or property of any kind whatsoever, whether to the person or property of the Holder, its agents or employees, or third parties, from any cause or causes whatsoever while in or upon said premises or any part thereof during the term of this agreement or occasioned by any occupancy or use of said premises or any activity carried on by the (Holder) in connection herewith, and the Holder hereby covenants and agrees to indemnify, defend, save and hold harmless the United States, its agents, and employees from all liabilities, charges, expenses and costs on account of or by reason of any such injuries, deaths, liabilities, claims, suits or losses however occurring or damages growing out of the same.
- 4. Holder agrees to carry general liability insurance against claims occasioned by the action or omissions of the holder, its agents and employees in carrying out activities and operations under this authorization. The policy shall be in the minimum amount of \$1,000,000.00 and underwritten by a United States company naming the United States of America National Park Service, Golden Gate National Recreation Area as additionally insured. Proof of coverage should be mailed to Business Management Division GGNRA, Bldg 201 Fort Mason, San Francisco, CA 94123.
- **5.** This authorization may not be transferred or assigned without the written consent of the GGNRA Superintendent.
- **6.** This authorization may be terminated upon breach of any of the conditions herein or at the sole discretion of the GGNRA Superintendent.
- **7.** The Holder is not entitled to any preference to renewal of this authorization except to the extent otherwise expressly provided by law. This authorization is not exclusive and is not a concession contract.
- **8.** The Holder shall not construct any structures, fixtures or improvements within GGNRA. The Holder shall not engage in any groundbreaking activities without the express, written approval of GGNRA Superintendent.
- **9.** The Holder is authorized to execute this contract on behalf of the organization listed above.

The GGNRA Public Health Officer has the right to deny applications or changes submitted after the deadline of two or more weeks before the event.

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- **A.** Organizer Responsibility The Holder and all vendors authorized herein must comply with the conditions of this authorization including all exhibits or amendments or written directions of GGNRA General Superintendent. The Holder shall insure that all employees and customers entering GGNRA are informed of all "Special Park Conditions" of this authorization. The Holder may be cited for any violations of the authorization committed by their vendors while acting under this authorization.
- **B.** Use Limits It is expressly understood that the General Superintendent may impose public use limits based upon his/her authority stated in Title 36 of the Code of Federal Regulations, Section 1.5. It is also understood that possession of this Authorization does not guarantee entry into GGNRA. The Holder is subject to the following use limits specifically:
 - Ensuring the adherence to the regulations in the current FDA Food Code, including but not limited to:
 - a) Proper food specific cooking temperatures
 - b) Proper hot and cold holding temperatures
 - c) No bare hand contact on ready to eat foods
 - d) Appropriate hand washing facility for each vendor
 - e) Sanitation measures for utensils and food contact surfaces
 - f) Employee Health involving restriction and exclusion
 - 2) Maintaining a Food Safety Certified Manager on site for each vendor present
 - Ensuring each vendor present during the event has been inspected and is currently permitted by GGNRA
 - 4) Providing a potable water source and waste water management system (if not provided by GGNRA or related Park Partner)
 - 5) Acquiring approval in advance from GGNRA for additional vendors or menu changes
- **C. TFE Identification Possession -** The Holder and all vendors shall display the TFE Permit provided by GGNRA within the food facility at all times when operating within GGNRA.
- **D.** Damages The Holder shall pay the United States for any damage resulting from this use, which would not reasonably be inherent in the use described herein (Organizer initials)._____.
- **E. Safety** The Holder shall take every reasonable precaution to ensure the safety of its customers, vendors, participants, employees, other GGNRA visitors, and GGNRA employees.
- **F.** Advertising Advertising for the authorized activity shall not state or imply endorsement by GGNRA or the National Park Service. Upon request, the TFE Permit Holder will provide GGNRA with copies of advertising brochures and any other materials related to activities within GGNRA.
- **G.** Nondiscrimination The Holder shall comply with all Federal laws including EEO laws.

	the event Organizer as outlined in the aforementioned food event permit contract (Organizer initials).
Organizer signature: Printed name:	
Public Health Officer Name: Permit Approved/Denied Date:	Permit Number:
Comments:	

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