

# SAMPLING

THIS INFORMATIONAL PACKET INCLUDES THE FOLLOWING:

SAMPLING FORM + GUIDELINES

SAMPLE COI

TFF APPLICATION

\*Please return all necessary forms to [CoffeeFest.ES@clarionevents.com](mailto:CoffeeFest.ES@clarionevents.com) by **July 15th**

**THE SALE  
OF FOOD +  
BEVERAGE  
ITEMS IS  
STRICTLY  
PROHIBITED.**

LOS ANGELES CONVENTION CENTER

## SAMPLING FORM

information



### 1 FIRST STEP: DO YOU QUALIFY?

#### Are you the Manufacturer or Distributor?

Sponsoring Organizations of expositions and trade shows, and/or their exhibitors, may distribute SAMPLE food and/or beverage products ONLY upon written authorization and adherence.

ITEMS DISPENSED ARE LIMITED TO PRODUCTS **MANUFACTURED, PROCESSED OR DISTRIBUTED BY EXHIBITING COMPANIES.**

### 4 FOURTH STEP: BUYOUT FEES

#### FOOD OR BEVERAGE PRODUCTS BROUGHT ON THE PREMISES FOR CONSUMPTION **THAT DO NOT FALL WITHIN THE SAMPLING PARAMETERS**

A buy-out fee will be determined by Levy on a case by case basis; however, the fee will be based on a percentage of the retail pricing for the food and/or beverage item and is subject to all applicable taxes and service charges.

### 2 SECOND STEP: SIZE RESTRICTIONS

All items are limited to **SAMPLE SIZE** and must be dispensed/distributed in accordance to Health Codes

Non-Alcoholic Beverages limited to maximum of No cans or bottles will be permitted. Food items are limited to "bite size", not to exceed Portions or a 2 oz. prepackaged samples.

### 5 FIFTH STEP: HEALTH DEPARTMENT

#### Every exhibitor that plans to sample food and beverage must obtain a Temporary Food Facility Permit through the LA County Health Department.

The permit is only valid for the specified site, dates, and business or organization. Each permit is limited to one food facility (exhibitor) operated by one owner.

PLEASE READ OVER THE FULL COMMUNITY EVENT HEALTH DEPARTMENT REQUIREMENTS

**ESPECIALLY AS IT RELATES TO HAND WASHING AND WARE WASHING SINKS.**

Sampling exhibitors are all required to provide their own hand washing sink.

### 3 THIRD STEP: SAMPLING ALCOHOL

All alcohol sampling requires a Levy Bartender - fees apply

Alcoholic beverage sampling is permitted only if you are the manufacturer or distributor of the beverage. must be "sample" sizes

#### ALCOHOLIC BEVERAGES

2 oz. for beer/wine + .25 oz for liquor  
HANDLING/STORAGE FEES MAY APPLY

### 6 SIXTH STEP: PAPERWORK SUBMISSION

#### RETURN TO EVENT ORGANIZER

TEMPORARY FOOD FACILITY APPLICATION

SAMPLING AUTHORIZATION FORM  
**LINK HERE!**

# LOS ANGELES CONVENTION CENTER

# SAMPLE COI

## certificate of insurance

EXHIBITING FIRM MUST PROVIDE LEVY WITH A CERTIFICATE OF INSURANCE SHOWING EVIDENCE OF COMMERCIAL LIABILITY WITH AN EACH OCCURRENCE LIMIT OF \$1,000,000.

**Please review the attached sample for clear instructions.**

**ACORD** CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)  
07/29/2019

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).

PRODUCER	CONTACT NAME: PHONE: FAX: E-MAIL: ADDRESS:	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	CA	INSURER A: Truck Insurance Exchange	21709
		INSURER B: Farmers Insurance Exchange	21652
		INSURER C: Mid Century Insurance Company	21687
		INSURER D:	
		INSURER E:	
		INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER:**      **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.

TYPE OF INSURANCE	ADDL. INSURER	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y X	602631901	10/01/2018	10/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
<b>AUTOMOBILE LIABILITY</b> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS HIRED AUTOS	Y X	602631901	10/01/2018	10/01/2019	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> EXCESS LIAB DED \$ 10,000 RETENTION \$	Y X	605441576	10/01/2018	10/01/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WA) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				WC STATUS: <input type="checkbox"/> FULLY <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Endorsement - (IF APPLICABLE, WILL BE DELIVERED WITH POLICY).  
All Entities below have been added as Additional Insured & Loss Payee.

**CERTIFICATE HOLDER**      **CANCELLATION**

Levy Premium FoodService Limited Partnership & AEG/Los Angeles Convention Center  
1201 S. Figueroa St.  
Los Angeles CA 90015

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  
Derek Anderson

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**PLEASE ENSURE THE CERTIFICATE OF INSURANCE IS UPLOADED AT LEAST 30 DAYS PRIOR TO THE EVENT.**

SAMPLING AUTHORIZATION FORM [LINK HERE!](#)



OR USE THE QR CODE!

**CERTIFICATE HOLDER:**  
LEVY PREMIUM FOODSERVICE LIMITED PARTNERSHIP  
+ AEG/LOS ANGELES CONVENTION CENTER  
1201 S. FIGUEROA ST.  
LOS ANGELES, CA 90015

Los Angeles Convention Center  
**TFF APPLICATION**  
Temporary Food Facility Permit



**RETURN THIS COMPLETED  
DOCUMENT TO  
THE EVENT ORGANIZER**

\*Please return to [CoffeeFest.ES@clarionevents.com](mailto:CoffeeFest.ES@clarionevents.com)

**THE SALE OF FOOD AND  
BEVERAGE WILL NOT BE  
PERMITTED.**

**LA COUNTY DEPARTMENT OF HEALTH PERMIT FEES:**

1. ORGANIZER PERMIT: \$ 358.00
2. FOOD DEMONSTRATOR \$ 59.00 (ONLY SAMPLING THE PRODUCTS AND NO SALES INVOLVED)
3. TFF PRE-PACKAGED \$ 82.00 ( FOR SELLING THE PRODUCTS AND NO SAMPLING)
4. TFF PRE-PACKAGED WITH SAMPLING \$ 116 (IF YOU ARE SAMPLING AND SELLING THE PRODUCTS AT THE SAME TIME)
5. FOOD PREPARATION \$ 184.00

PLEASE BE ADVISED THAT APPLICATION SUBMITTED LESS THAN 14 CALENDAR DAYS PRIOR TO THE START OF THE EVENT WILL BE SUBJECTED TO AN EXPEDITED PROCESSING FEE.



# TEMPORARY FOOD FACILITY (TFF) APPLICATION

## ENVIRONMENTAL HEALTH - COMMUNITY EVENTS PROGRAM

5050 Commerce Drive, Baldwin Park, CA 91706

[www.publichealth.lacounty.gov/eh](http://www.publichealth.lacounty.gov/eh) – (626) 430-5320



**Submit 30 days in advance of the event.**

*Applications submitted less than 14 calendar days prior to the start of the event will be subject to a late processing fee.*

*Applications submitted in less than two business days before the event will not be processed.*

**Type or Print in Black or Blue INK. Enter N/A where requested information does not apply. Do not leave blank fields.**

TFF OPERATOR INFORMATION		EVENT INFORMATION	
Name of TFF Booth:		Event Name:	
Name of Operator/Owner:		Date (s) of Event:	
Mailing Address:		Event Address:	
Contact Phone Number:		Event Location: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	
Email:		Hours of TFF Operation Set Up Hours: _____ to _____ Event Hours: _____ to _____	
Name of Person-in Charge: _____		Temporary Food Facility Type: <input type="checkbox"/> Food Booth <input type="checkbox"/> Food Truck <input type="checkbox"/> Food Cart <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Annual Food Booth	
Cell Phone:			
Event Organizer's Name:		Number of Food Employees:	
Event Organizer' Contact Number:		Event Frequency: <input type="checkbox"/> Single Event <input type="checkbox"/> Recurring Event	
FOOD OPERATION			
<input type="checkbox"/> Pre-packaged food only <input type="checkbox"/> Pre-packaged food with sampling <input type="checkbox"/> Food demonstration <input type="checkbox"/> Food preparation (all food preparation is to be completed within the food booth or at a permitted food facility)			
FOOD BOOTH CONSTRUCTION			
Food preparation booths must be constructed with 4 sides, a washable floor and overhead protection. Prepackaged food booths require a washable floor and overhead protection.			
<b>Overhead Covering:</b> <input type="checkbox"/> Canvas <input type="checkbox"/> Wood                      Other: _____ <b>Floor materials:</b> <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Wood                      Other: _____ <b>Walls materials:</b> <input type="checkbox"/> Screens <input type="checkbox"/> Canvas <input type="checkbox"/> Wood                      Other: _____			
<b>Booth supplied by:</b> <input type="checkbox"/> TFF Operator <input type="checkbox"/> Event Organizer <input type="checkbox"/> Rent from: _____			
<b>Booth Size:</b> _____			
<b>Size of Pass Thru Window:</b> _____			

**FOOD TO BE SOLD/SERVED**

All food preparation shall be prepared either in the temporary food facility/booth or at an approved food facility.

List food items to be sold/served: (BBQ chicken, burrito, pizza, cookies, burgers, candies, churro, coffee, etc.)	Check if sold as commercially pre-packaged: (In original package or unopened container)	Identify types of preparation: (cutting, washing, cooking, reheating, portioning, assembly, etc.)	Identify food preparation location (on site, restaurant, shared kitchen, commissary, food processing, etc.)	Identify type of temperature control equipment (steam table, ice chests, refrigerator, chafing dish, crockpot, etc.)
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**FOOD PREPARATION AT OTHER LOCATION**

All food preparation must be completed either in the temporary food facility or at an approved, permanent food facility that capable of supporting the type of food preparation completed. A Shared Kitchen Agreement form must be completed. If the operator of the approved, permanent food facility does not accept liability for all food production, a separate Dependent Food Operator Permit is required. Identify any facility where advanced preparation will take place.

- Shared Kitchen Agreement was submitted.  
If the approved facility/kitchen is not located in LA County. Provide a copy of the health permit.
- Dependent Food Operator Permit is required

**Name of Facility:** \_\_\_\_\_ **Permit/PR #:** \_\_\_\_\_

**Facility Address:**  
\_\_\_\_\_

**Method of food temperature control used during transportation:**  
\_\_\_\_\_

### HOT/COLD HOLDING EQUIPMENT

Identify methods of maintaining food hot (135°F) or cold (41°F/45°F) during hours of operation.

<b>Cold Holding:</b>	<input type="checkbox"/> Mechanical refrigerator	<input type="checkbox"/> Ice Chest	<input type="checkbox"/> Cold Table
	<input type="checkbox"/> Other (Specify): _____		
<b>Hot Holding:</b>	<input type="checkbox"/> Steam Table	<input type="checkbox"/> Electric Soup Warmer	
	<input type="checkbox"/> Chafing Dishes	<input type="checkbox"/> Electric Rice Cooker/Warmer	
	<input type="checkbox"/> Hot Holding Cabinet (Cambro)	<input type="checkbox"/> Hot Dog Roller Grill	
	<input type="checkbox"/> Heat Lamp	<input type="checkbox"/> Other (Specify): _____	

At the end of the operating day, all potentially hazardous foods that are held between 42°F and 45°F **shall be destroyed.**

At the end of the operating day, all potentially hazardous foods held at or above 135°F **shall be destroyed.**

*I agree to voluntarily destroy any and all potentially hazardous food(s) held between 42°F and 45°F and/or held at or above 135°F at the end of the operating day in a manner approved by the enforcement agency.*

\_\_\_\_\_ *Initial*

### EQUIPMENT/UTENSILS

**Will multi-use kitchen utensils be used inside the booth for food preparation?**

Yes (complete Utensil Washing section and Liquid Waste Removal section)  No  Not Applicable

#### Utensil Washing

(Detergent, sanitizer, and test strips must be available at 3-compartment sink)

3-compartment sink within food booth  Shared 3-compartment sink provided by Organizer

Sanitizer to be used (test strips must be available to test sanitizer concentration)

Chlorine  Quaternary Ammonia  Iodine

**Identify all equipment that will be used for food preparation at the food booth:**

Barbecue Grill  Range Burner  Deep Fryer  Griddle  Charbroiler  Mixer  Blender

Other (Specify): \_\_\_\_\_

*Please contact the Fire Department if using propane, open-flame equipment, charcoal, or wood for safety requirements.*

**Identify all utensils (knives, scoops, spatulas, bowls) that will be used for food preparation at the food booth:**

Specify: \_\_\_\_\_

**Multi-use eating and drinking utensils are prohibited (plates, glassware, etc.).**

### FOOD PROTECTION

Identify methods of protecting foods from customer contamination.

Sneeze Guards  Hinged Chafing Dishes  Only pre-packaged food or bottled drink

Prepared and stored away from the customers  Individual portion samples

Other (Specify): \_\_\_\_\_

**Identify overnight food and utensil storage location for events longer than 1 day:** \_\_\_\_\_

*Food and utensils must be stored overnight in a secure, vermin proof and weatherproof location. Potentially hazardous foods must be stored overnight under mechanical refrigeration.*

### HANDWASHING FACILITIES

Handwashing sinks are required in a TFF that handles open food.

Handwashing sinks with warm and cold running water, hand soap, single-use towels, and a trash receptacle must be provided at all handwashing sinks.

Provided by:

Event Organizer       Food Operator       Pre-packaged only (not required)

#### Type of handwashing sink that will be used:

- Permanently plumbed sink with hot and cold water under pressure
- Self-contained portable sink (with potable water and wastewater holding tanks)
- Gravity-fed warm water (100°F) with spigot and catch basin may be approved for events that operate for 3 day or less and *wastewater must be properly disposed.*

**Water Source:** \_\_\_\_\_ **Volume of Water:** \_\_\_\_\_ **Gallons**

### FACILITY REQUIREMENTS

#### Electrical Supply

Provided by:  Event Organizer       Food Operator

If the event is scheduled for more than one day, will the TFF(s) have continuous electricity to power refrigerator(s) overnight?

Yes       No

#### Toilet Facilities for Food Employees

Provided by:  Event Organizer       Food Operator

#### Refuse/Trash Removal

A trash receptacle must be provided inside the TFF booth

Is the event organizer providing refuse/trash services?

Yes       No

If no, provide refuse service information:

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Frequency of trash/refuse removal \_\_\_\_\_ times/per day

#### Liquid Waste Removal

Is the event organizer providing liquid waste removal service from all areas of the event including within the booth?

Yes       No

If no, provide liquid waste removal service information:

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Frequency of liquid waste removal \_\_\_\_\_ times/per day



## 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:

- 1 Rapid reheating/cooking devices (e.g., flat grill, BBQ) must be available and capable of reheating food to 165°F within 2 hours. Steam tables, heat lamps, and crockpots are not designed for rapid reheating.
- 2 Hot-holding devices (e.g., steam table, heat lamp) must be capable of holding hot foods at or above 135°F at all times.
- 3 A probe thermometer for checking internal food temperatures must be on-site and available for use at all times.
- 4 A handwashing station available 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 and single use paper towels throughout the event. A catch basin is required to be set up **within** the food preparation area and easily accessible for use before beginning any food preparation.
- 5 All food handlers have been trained in food safety.
- 6 All booths must have overhead protection, and open food preparation areas must be fully enclosed to protect the food from outside contamination.
- 7 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).
- 8 The applications must be submitted at least 14 days before the event. All late applications will be assessed a late fee at the time of processing. I understand a supplemental fee will be invoiced, in addition to the required permit fee, if the application submittal and/or modifications to the original application are submitted less than 14 days before the event start date. Modifications include, but are not limited to, correcting incomplete applications for changes to the menu, participating vendors, or warewashing facilities.
- 9 No ill employees will be working with food, food contact surfaces, or equipment.
- 10 I understand that failure to meet the conditions approved in this application may result in the suspension of approval to operate the event, suspension of the approval to operate the affected food booths, and/or may result in the filing of misdemeanor charge. *California Retail Food Code Section 114395*
- 11 I understand that I am responsible for obtaining approval from all applicable agencies, including the local fire department, planning department and Alcohol Beverage Control.
- 12 I understand that I will be charged up to three times the permit fee if found operating without a valid health permit. I understand that permits are non-transferable.
- 13 I understand that once the application is reviewed, the permit fee is non-refundable, including any late penalty fee.

I declare under penalty of perjury that to the best of my knowledge and belief, the statements made herein are correct and true. I consent to all necessary inspections made according to law and incidental to the issuance of this permit and the operation of this business. I understand and hereby consent to any information I provide on this permit application to be considered a public record subject to disclosure under the California Public Record Act.

**Application Completed By:**

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

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

**DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY**

Date Application Received: _____	Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for denial:	Reviewer Signature _____ Date:	
<input type="checkbox"/> Application Reviewed			
Amount Paid:	Invoice #:		



**FEES ARE NONREFUNDABLE**

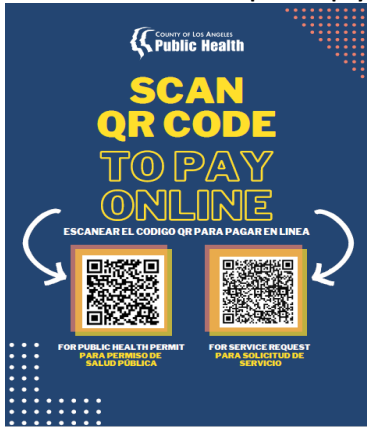
Community Event Fee Descriptions	Fiscal Year 2022 – 2023 Fee
Pre-packaged TFF	\$82.00
Pre-packaged TFF with Samples	\$116.00
Food preparation TFF	\$184.00
Food Demonstration TFF	\$59.00
Pre-packaged Annual Site Specific TFF	\$164.00
Pre-packaged Annual Site Specific with sampling TFF	\$209.00
Food preparation Annual Site Specific TFF	\$507.00
Seasonal Pre-packaged TFF	\$82.22
Seasonal Pre-packaged with Samples	\$116.00
Community Event Organizer	\$358.00
Out of County/Unpermitted Mobile Food Facility (Pre-packaged)	\$82.00
Out of County/Unpermitted Mobile Food Facility (Open Food)	\$184.00
Late Fee (minimum \$50 or 25% of fee)	Varies

**Payment Options**

**Pay Online:**

You can pay for your Public Health Permit online using your Credit Card (Visa, MasterCard, American Express, Discover), Debit Card, or Electronic Check (ECheck). Please note that there is an additional convenience fee charge per transaction using online payment. The convenience fee for Credit/Debit Cards is 2.22% (with a minimum of \$1.49) and \$0.49 for Electronic Checks.

**Scan QR Code (For Service Request) below for Online Payment option. Note: All applications must be received, and an invoice obtained prior to paying online.**



**Pay In-Person:**

You may make a payment in person at the Environmental Health Headquarters located on the address below or any of our other Environmental Health District Offices between the hours of 8:00 am – 4:00 pm, Monday through Friday. Please contact the Community Events Program for available offices to make a payment. An acceptable form of payment includes Cash, Cashier’s Check, or Money Order (Please note: No personal check). Cash payments made in person must be in the exact amount. Please have your Account ID number and Invoice number available at the time of payment.

Department of Public Health - Environmental Health Division  
 Permit and Licensing Program – Cashier/Registration  
 5050 Commerce Drive  
 Baldwin Park, CA 91706  
 (626) 430-5350

Visit our website for other locations at <http://publichealth.lacounty.gov/eh/>

**Payment Instructions:**

- You will not be able to make a payment until your applications have been received and an invoice generated.
- Please have your Account ID number **and** the Invoice number ready. Both are available on the invoice statement.
- Payments made online must be paid in full, no partial payments will be accepted.
- You will need to accept the online payment process Terms and Conditions in order to complete your payment.
- **Important** - Once your online payment has been accepted; you must print your receipt and submit a copy of the receipt to the Community Events Program for proof of permit fee payment prior to the permit being issued. **Proof of payment must be submitted before the review of your applications will begin. If proof of payment is not submitted at least 14 days prior to the event, applications will be subject to the late fee, regardless of when the application was submitted to Environmental Health.**

Should you have any questions or concerns, please feel free to contact us at [communityevents@ph.lacounty.gov](mailto:communityevents@ph.lacounty.gov) or (626) 430-5320 from 8:00 a.m. to 5:00 p.m., Monday through Friday, except Holidays.