



Example Temporary Events Fee Calculation:

I. APPLICATION FEE* (non-refundable)

- | | | |
|----|------------------------|----------|
| A) | Sponsor | \$138.00 |
| B) | High Hazard Facilities | \$99.00 |
| C) | Low Hazard Facilities | \$38.00 |

Example: 4 day event with 3 high hazard facilities & 2 low hazard facilities

A) Sponsor:	\$138.00
B) High Hazard (3): 3 x \$99.00 =	\$297.00
C) Low Hazard (2): 2 x \$38.00 =	<u>\$76.00</u>
Total:	\$511.00

II. INSPECTION/PERMIT FEE*

- | | | |
|----|---------------------------------|---|
| A) | High Hazard Facility/Booth/Cart | \$88.00 per booth/cart up to 2 days
+ \$38.00 per booth/cart each day after 2 days |
| B) | Low Hazard Facility/Booth/Cart | \$57.00 per booth/cart up to 2 days
+ \$26.00 per booth/cart each day after 2 days |

Example: 4 day event with 3 high hazard facilities & 2 low hazard facilities

A) High Hazard (3):	(1 st & 2 nd days)	3 x \$88.00 = \$264.00
	(3 rd day)	3 x \$38.00 = \$114.00
	(4 th day)	3 x \$38.00 = \$114.00
		Total: \$492.00
B) Low Hazard (2):	(1 st & 2 nd days)	2 x \$57.00 = \$114.00
	(3 rd day)	2 x \$26.00 = \$52.00
	(4 th day)	2 x \$26.00 = \$52.00
		Total: \$218.00

Total High & Low Hazard: \$744.00

Grand Total (application fee + inspection/permit fee) = \$511.00 + \$744.00 = \$1,255.00

* Possible 3% increase each fiscal year



San Francisco Temporary Events Fee Worksheet

I. APPLICATION FEE

	<u>On Time</u>	<u>Late</u>	<u>Totals</u>
A) Sponsor	\$138.00	\$207.00	_____
B) High Hazard Facility	_____ x \$99.00		_____
		_____ x \$148.00	_____
C) Low Hazard Facility	_____ x \$38.00		_____
		_____ x \$57.00	_____
Total =			_____

II. INSPECTION/PERMIT FEE

	<u>Facility/Booth/cart</u> <small>(1 booth = 10' x 10')</small>		<u>Extra days after two</u>	<u>Totals</u>
A) High Hazard Facility	_____ x \$88.00	+	_____ x \$38.00	_____
B) Low Hazard Facility	_____ x \$57.00	+	_____ x \$26.00	_____
C) High Hazard Cart	_____ x \$88.00	+	_____ x \$38.00	_____
D) Low Hazard Cart	_____ x \$57.00	+	_____ x \$26.00	_____
Total =				_____

Grand Total (Application Fee + Inspection/Permit Fee) check payable to SFPDH = _____

PLEASE SEND CHECK TO SFPDH:

Federal Tax ID#: 94-6000417

From: _____

Attn: Alicia Saam
Temporary Events Coordinator
Department of Public Health
1390 Market Street, Suite 210
San Francisco, CA 94102

Event Name: _____

Date: _____