

Coordinator's Application for A Special Event



Rappahannock Area Health District
608 Jackson Street, Suite 200
Fredericksburg, VA 22401
Office (540) 899-4797



Please print or type the information requested below and return the completed application by mail or fax to the Health Department. Each food vendor must complete the **Application for Temporary Food Vendor**. The vendor application(s) must be submitted at least 30 days prior to the date of the event. The coordinator is responsible for timely submission of all applications. For more information, contact the Health Department.

1. **EVENT NAME:** _____

Address of Event: _____ City _____ Zip _____

County: _____

Date(s) of Event:

Starts on (MM/DD/YY) _____ at _____ AM PM Ends on (MM/DD/YY) _____ at _____ AM PM

Type of Event: Fair Festival Carnival Community Event Other _____

2. **NAME OF COORDINATOR OR PERSON-IN-CHARGE OF THE EVENT:**

Address: _____ City _____ State _____ Zip _____

Phone Numbers: Business: _____ Fax: _____

Mobile: _____

Email Address: _____

3. **NUMBER OF ANTICIPATED FOOD VENDORS** (i.e., temporary food vendors, restaurants, non-profit organizations, gourmet food vendors with food samples, mobile food units, etc.): _____

Please attach a list of anticipated food vendors.

4. **TIME OF SET-UP OF THE FOOD OPERATIONS:** _____ AM PM

NOTE: This is the time you have asked the food vendors to be ready for the inspection by the Health Department. This time should be at least 1 hour prior to the start time of the event. Please allow more time for events with more than 5 vendors. No foods can be prepared and/or offered for sale or sample until the permit is issued by the Health Department.

5. **SERVICES PROVIDED ON SITE TO THE FOOD VENDORS** (Check all that apply):

- Water Supply:** There is access to a potable water supply line on-site.
 Vendors must bring their own water.
- Ice Supply:** Ice will be provided to vendors on-site.
 Vendors must bring their own ice.
- Electricity:** There is access to electricity on-site.
 Vendors are allowed to use generators on-site.
 There will be no electricity supplied on site.
- Liquid Waste Disposal:** There will be liquid waste containers / receptacles on-site.
 Vendors must collect and remove their own liquid waste.
- Trash / Refuse Disposal:** There will be trash containers / receptacles on-site.
 Vendors must collect and remove their own trash / refuse.
- Tents or Canopies:** Tents or canopies for food stands / booths will be provided.
 Food vendors must provide their own overhead protection.

Estimated Attendance: _____ **Number of Toilet Facilities:** _____

Note: State regulations require 1 toilet per 100 people at special events.

Type: Public Restrooms Portable Toilets

Handicap Accessible: Yes No

Please be aware that food vendors may be limited in the menu they can offer if these services are not provided at the event site. The event coordinator is responsible for informing the vendors of any restrictions imposed by the coordinator.

6. Attach a list of all proposed food vendors and their contact information. Attach a map showing the event layout with the food vendors, toilet facilities, garbage disposal, and wastewater disposal sites.

7. Will there be a petting zoo, pony rides or any other live animals at this event? YES NO

8. Will there be a diapering station at this event? YES NO

9. Will there be water attractions, such as dunk tanks or wading pools? YES NO

10. Would you like to request food safety training and temporary food establishment training for the food vendors? YES NO

If YES, please contact the Health Department at (703) 746-4910. Please allow at least 3 weeks advance notice for training request.

Applicant's Signature _____ **Date** _____

(Print Name)