

## EVENT COORDINATOR APPLICATION FOR TEMPORARY FOOD EVENTS

An event organizer/coordinator may complete this application and submit to the local health department. This application is NOT required in order to obtain a temporary food establishment permit but may assist local health departments in determining temporary food establishment compliance with [Board of Health Food Regulations](#) (12VAC12-5-421). This application should be submitted at least ten (10) calendar days in advance of the date of the planned event.

ORGANIZER INFORMATION	EVENT INFORMATION
<b>Organizer/Coordinator:</b>	<b>Event Name:</b>
<b>Mailing Address:</b>	<b>Location:</b>
<b>City/State/Zip Code:</b>	<b>Address:</b>
<b>Event Organizer's Name:</b>	<b>City:</b>
<b>Event Organizer Contact Number:</b> <b>E-mail address:</b>	<b>Hours of Event (include time set-up will begin):</b>
<b>Type of Organization:</b> <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable <input type="checkbox"/> Not for Profit	<b>Date(s) of Event:</b>
<b>On-site Contact Person:</b>	<b>Event Location:</b> <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event * Event will occur regardless of the weather conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>On-site Contact Cell Phone:</b> <b>Email address:</b>	<b>Anticipated Maximum Attendance at Peak Time:</b> _____

**Sketch of the general layout of the event indicating the location of the following:**

1. Temporary Food Establishments locations (if DBA is available, include on application)
2. Water supply
3. Toilet and handwashing facilities
4. Refuse disposal containers
5. Location of shared utensil-washing facilities if provided
6. Refrigerated trailer, if provided

**Temporary Food Establishment (TFE) Information**

Organization /TFE Name	Person in charge Contact number(s)	Permit Information Local Health District etc.	Type of set up ( tent, canopy, mobile unit)

<b>Number of temporary food establishments that will be participating in event:</b>	
<p align="center"><b>Utensil Washing</b></p> <input type="checkbox"/> Provided by Event Organizer <input type="checkbox"/> Provided by Food Booths Type of sink:	<p align="center"><b>Food Storage</b></p> Refrigerated trailer provided for temporary food establishments <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate location of refrigerated trailer on sketch.
<p align="center"><b>Toilet Facilities</b></p> Number of Toilets that will be provided: <input type="checkbox"/> Portable <input type="checkbox"/> Existing restrooms available Will toilets and handwashing facilities be provided for food employees? _____ <b><i>Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing sinks.</i></b>	<p align="center"><b>Refuse Disposal</b></p> Identify company responsible for refuse disposal:  Is there a central refuse collection site? Indicate on plot plan <input type="checkbox"/> Yes <input type="checkbox"/> No
<p align="center"><b>Potable Water Supply</b></p> <input type="checkbox"/> Permitted Waterworks <input type="checkbox"/> Private Well (Results of most recent water test must be submitted with this application).	<p align="center"><b>Wastewater Removal</b></p> Identify responsible party for removal:  Frequency of wastewater removal:
<p><b>Electrical Supply</b></p> How will electricity be provided to TFE?  <p align="center">Contact local building department for applicable requirements.</p>	

Temporary food establishment permit(s) will not be issued until permit application review demonstrates compliance with the applicable Board of Health Food Regulations.

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Temporary Event Coordinator's Name(Print)	Signature	Date
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