

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
Organizer/Coordinator:	Event Name:
Mailing Address:	Location:
City/State/Zip Code:	Address:
Event Organizer's Name:	City:
Event Organizer Contact Number and E-mail address:	Hours of Event (include time set-up will begin):
Type of Organization: <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable <input type="checkbox"/> Not for Profit	Date(s) of Event:
On-site Contact Person:	Event Location: <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
On-site Contact Cell Phone: Email address:	Anticipated Maximum Attendance at Peak Time: _____

Sketch 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)

Number of temporary food establishments that will be participating in event:	
<p align="center">Utensil Washing</p> <input type="checkbox"/> Provided by Event Organizer <input type="checkbox"/> Provided by Food Booths Type of sink:	<p align="center">Food Storage</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">Toilet Facilities</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? _____ <i>Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing sinks.</i>	<p align="center">Refuse Disposal</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">Potable Water Supply</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">Wastewater Removal</p> Identify responsible party for removal: Frequency of wastewater removal:
<p>Electrical Supply</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.

Temporary Event Coordinator's Name (Print)	Signature	Date
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