

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 thirty (30) 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

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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If you have questions, please call (540) 899-4142 and request to speak to an Environmental Health Specialist.

Please mail application to: **Fredericksburg Health Department**
Attn: Environmental Health
608 Jackson Street, Suite 200
Fredericksburg, VA 22401

This form contains identifying information subject to disclosure per the Virginia Freedom of Information Act (Virginia Code § 2.2-3700 et seq.) Revised 5/2022