



EVENT COORDINATOR APPLICATION with TEMPORARY FOOD VENDOR LIST

An event organizer/coordinator is required to complete an application if they are responsible for temporary food establishments as part of a temporary event. Coordinators must submit the application at least 30 calendar days before the event.

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

ORGANIZER INFORMATION	EVENT INFORMATION
Organizer/Coordinator DBA	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 sponsoring the event: <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable – 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:	Anticipated Maximum Attendance at Peak Time: _____

Sketch the general layout of the event indicating the location of the following on page of this application.

1. Temporary Food Establishments and mobile food unit 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
6. Refrigerated trailer, if provided
7. Location of animals, rides, attractions (include distance of TFE from all other facilities on plot plan.)

An event organizer Must complete and return to the local health department 30 days prior to the Temporary Food event. This application meets all applicable requirements found in the Model Food Code as summarized in the Temporary Food Establishment document and the permit has been signed and approved by the regulatory authority. Additionally, the undersigned is aware that non-compliance may result in closure of the event and/or temporary food establishments.

Applicants Name (Please Print)

Applicants Signature:

Date

Food Vendor Information

Date of participation	Organization /Vendors Name	Person in charge Contact number(s)	Person in charges Email address	Type of set up (tent, canopy, building, permitted 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> # of Toilet Facilities that will be provided based on local building codes: _____ <input type="checkbox"/> Portable <input type="checkbox"/> Existing restrooms available # of toilets and handwashing facilities to 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"/> Public Water System <input type="checkbox"/> Non-public water supply (Results of most recent water test must be submitted).	<p align="center">Liquid Waste Removal</p> Identify responsible party for liquid waste removal: _____ Frequency of liquid waste removal: _____ per day
<p>Electrical Supply</p> How will electricity be provided to TFE? Contact local building department for applicable requirements.	

Approval of this application by this Regulatory Authority does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Additionally, the undersigned is aware that non-compliance may result in closure of the temporary food establishments.

Please return this completed application to the following email address:
dixon.mercado-soltero@vdh.virginia.gov and/or sarah.nelson@vdh.virginia.gov

These can also be mailed to the following office address. Please select the office address for the locality you are located within.

Amelia County Health Department
16320 Church Street
Amelia, VA 23002
Phone: (804) 561-2711
Fax: (804) 561-2712

Charlotte County Health Department
270 David Bruce Avenue
Charlotte Court House, VA 23923
Phone: (434) 542-5251
Fax: (434) 542-4354

Lunenburg County Health Department
11387 Courthouse Rd
Lunenburg, VA 23952
Phone: (434) 696-2346
Fax: (434) 696-1271

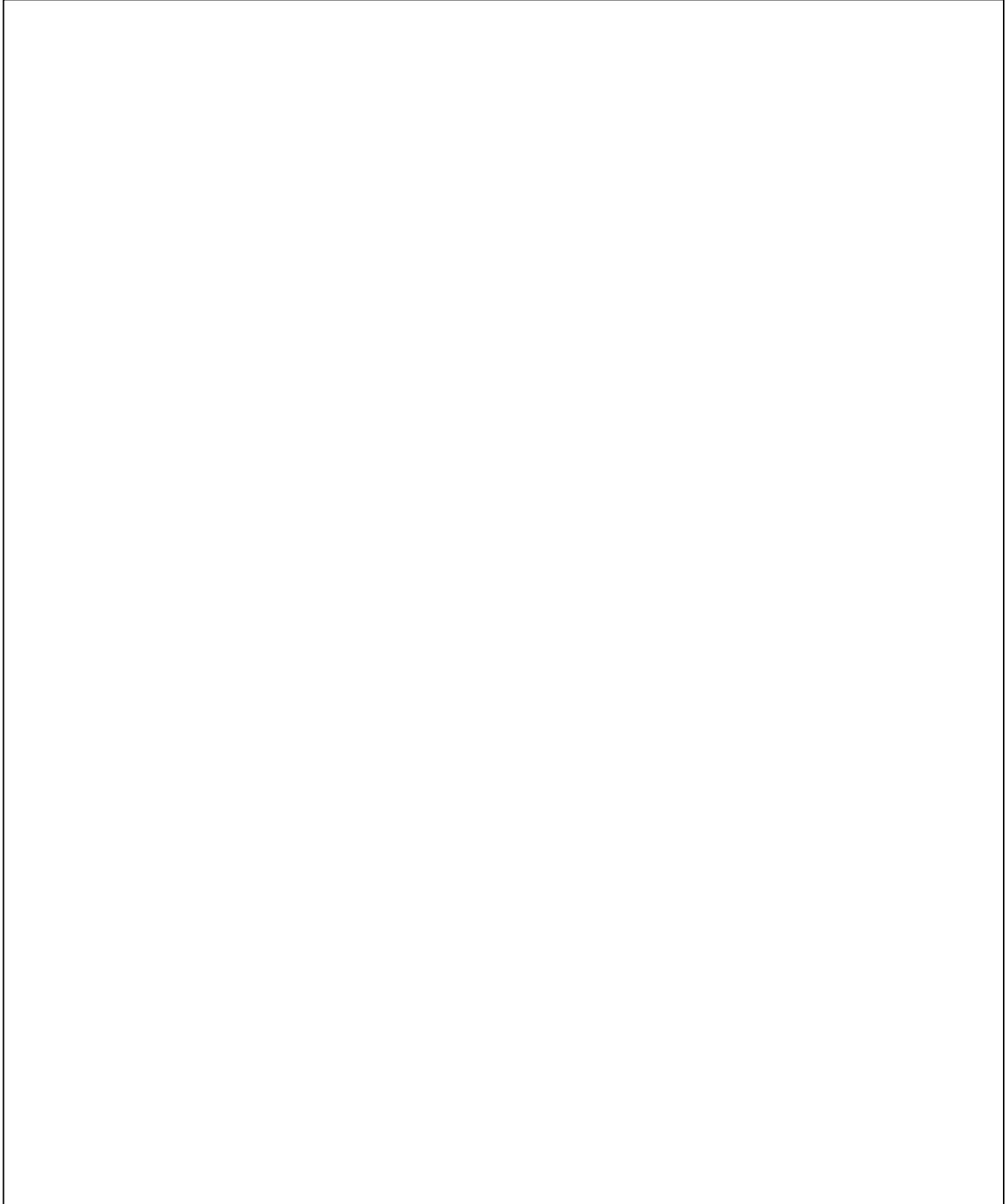
Buckingham County Health Department
80 Administration Lane
Buckingham, VA 23921
Phone: (434) 969-4244
Fax: (434) 969-1292

**Cumberland County Health Department
&
Prince Edward County Health Department**
111 South Main Street, Ground Floor
Farmville, VA 23901
Phone: (434) 392-8187
Fax: (434) 392-1088

Nottoway County Health Department
207 West Courthouse Rd
Nottoway, VA 23955
Phone: (434) 645-7595
Fax: (434) 645-8197

Sketch below the general layout of the Temporary Event indicating the location of the following:

1. Temporary Food Establishments
2. Water supply
3. Toilet and handwashing facilities
4. Trash disposal containers
5. Location of shared utensil-washing facilities
6. Refrigerated trailer, if provided
7. Location of animals, rides, attractions (include distance of TFE from all other facilities on plot plan.



DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No* See reason below	Date	Reviewer Signature/Title
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Permit Restrictions: _____

Permit Effective Dates: _____

*Reason(s) for Disapproval: _____
