



## Event Coordinator Application for a Temporary Food Event

An Event Organizer/Coordinator should complete this application (Coordinator's Checklist) and submit it to the local health department at least **30 calendar days** prior to the event. This Application will assist local health departments in determining Temporary Food Establishment compliance with the Food Regulations (12 VAC 12-5-421). By providing the information requested below, you will assist in identifying and preventing potential problems that might occur during your event. An Application for a Temporary Food Facility Health Permit is required from each vendor at least **10 calendar days** prior to the event to determine the fee status and to process the permit. Applications submitted after the deadline may not be approved.

### Organizer/Coordinator Information

1. Organizer/Coordinator Name: \_\_\_\_\_
2. Organization Name: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_
5. Type of Organization: For Profit  Charitable  Not for Profit
6. On-Site Contact Name: \_\_\_\_\_
7. Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Event Information

1. Event Name: \_\_\_\_\_
2. Physical Location: \_\_\_\_\_
3. Date(s) of Event: \_\_\_\_\_ Rain Date(s): \_\_\_\_\_
4. Hours of event (include time set-up will begin): \_\_\_\_\_
5. Will event occur regardless of weather conditions? Yes  No
6. Number of Temporary Food Establishments (TFE) (Vendors) that will be participating: \_\_\_\_\_
7. Anticipated maximum attendance a peak time: \_\_\_\_\_

## Event Setup Information

1. Potable Water Supply

Permitted Waterworks

Private Well  (Results of most recent water test must be submitted with this application.)

Well location: \_\_\_\_\_

2. Wastewater Removal

Is a waste water dump station provided for the TFE Vendors? Yes  No

Is it connected to public sewer? Yes  No

If not, identify responsible party for removal: \_\_\_\_\_

Frequency of waste water removal: \_\_\_\_\_

3. Electrical Supply

How will electricity be provided to TFE Vendors? \_\_\_\_\_

**Contact local building department for applicable requirements.**

4. Refuse Disposal

Identify company for refuse disposal: \_\_\_\_\_

Is there a central collection site? Yes  No  **Indicate on Site Sketch.**

5. Toilet Facilities

Number of toilets that will be provided: \_\_\_\_\_

Portable  Existing restrooms available

Will toilets and handwashing facilities be provided for TFE Vendors? Yes  No

**Hand soap, single-use towels and trash receptacle must be provided at all handwashing sinks.**

6. Food Storage

Refrigerated trailer provided for TFE Vendors? Yes  No

**Indicate location of refrigerated trailer on Site Sketch.**

7. Utensil Washing

Provided by TFE Vendors  Provided by Event Organizer  Type of Sink: \_\_\_\_\_

\_\_\_\_\_

## Site Sketch

Attach a 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

**Submittal Agreement**

I understand Temporary Food Establishment Permits will not be issued until the Permit Application Review demonstrates compliance with the applicable Board of Health Food Regulations.

I understand this form contains information subject to disclosure under the Freedom of Information Act (FOIA), Virginia Code §2.2-3700 et seq.

I attest to the accuracy of the information provided, affirm to comply with the Food Regulations, allow the regulatory authority access to the event at any reasonable time to inspect, conduct tests or collect samples as required and agree to accept notices issued and served by the regulatory authority.

\_\_\_\_\_  
Signature of Organizer/Coordinator

\_\_\_\_\_  
Date

**Complete Page 4 of 4 (List of All Vendors Participating in this Temporary Food Event)  
Attach the Site Sketch after Page 4.**

