


## COORDINATORS APPLICATION FOR A TEMPORARY EVENT

	BRHD Local Environmental Health Offices	Phone	FAX
	Charlottesville/Albemarle, 1138 Rose Hill Drive, Charlottesville, VA 22903	434-972-6219	434-972-4310
	Fluvanna County, County Office Bldg., PO Box 136, 132 Main Street, Palmyra, VA 22963	434-591-1965	434-591-1966
	Greene County, 50 Stanard Street, PO Box 38, Stanardsville, VA 22973	434-985-2262	434-985-4822
	Louisa County, 101 Woolfolk Avenue, Suite 203, Louisa, VA 23093	540-967-3707	540-967-3733
	Nelson County, Nelson Heritage Center, 1653 Thomas Nelson Highway, Arrington, VA 22922	434-263-4297	434-263-4304

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. A Coordinator Application is required for the following public health and legal reasons:

1. The application provides information needed to approve the water source. Approved water is a prerequisite to issuing food permits.
2. The application provides information necessary to approve the wastewater disposal methods. Approved sewage disposal is a prerequisite to issuing food permits.
3. The application provides authorization for health department employees and listed vendors to be on the property to conduct official business.

A Coordinator Application is a prerequisite to issuing temporary food establishment permits. **Temporary food establishment permits will not be issued without the submission of a Coordinator Application.** This Coordinators Application should be submitted as soon as possible and a minimum of 10 days before the event. Each food vendor, except for permitted mobile units, that proposes to work your event must submit an Application for Permit to Operate a Temporary Food Establishment. These applications should also be submitted as soon as possible and a minimum of 10 days prior to the date of the event and can be submitted through our district office in Charlottesville, or any of our local county offices. **In accordance with the *Virginia Food Code Regulations (12VAC5-421-3670)*, the Thomas Jefferson Health District will not approve any applications (Coordinator or Temporary Food Establishment) submitted less than 10 calendar days before the start of the proposed event.**

The Blue Ridge Health Department will send an email to the Event Coordinator at least one business day prior to the event to inform the Event Coordinator of the approval status of the temporary food vendor applications received. The Event Coordinator is responsible for timely submission of all applications and ensuring that all persons who are preparing and serving food to the public at their event are permitted by the appropriate regulatory authority. For additional information you can call our district office in Charlottesville at 434-972-6219.

Copies of the required applications as well as a guidance documents that lists what is needed in order to obtain a temporary food permit can be obtained from any of our local offices or by accessing our web site: <http://tjhd.org>.

**(Please Print or Type)**

1. Name of Event: \_\_\_\_\_
2. Event Start Date: \_\_\_\_\_ Event End Date: \_\_\_\_\_
3. Event Location: \_\_\_\_\_  
911 Addresses: \_\_\_\_\_
4. Event Coordinator Contact Information:  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Phone Numbers (work/home/cell): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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Name of Alternate Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Numbers (work/home/cell): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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5. Number of Anticipated Food Booths: \_\_\_\_\_

6. **Time of Set-Up of the Food Operators:** \_\_\_\_\_ **Time Event Starts:** \_\_\_\_\_

NOTE: This is the time you have asked food vendors to be ready for inspection by the Health Department. This time should be at least 1 hour prior to the start time of the event. Please allow more time for events with more than 5 vendors.

7. **Services Provided On Site to the Food Vendors** (check all that apply):

**Water Supply:** ☐ There is access to a potable water supply line on site.

Water source is: \_\_\_ public \_\_\_ private

NOTE: A copy of water test results obtained in current year is required with submission of this application. Testing must include coliform and nitrate results (12VAC5-421-2100).

☐ Vendors must bring their own water supply (i.e. bottled or potable water tank on mobile unit).

**Electricity:** ☐ There is access to electricity on site.  
☐ Vendors are allowed to use generators on site.  
☐ There will be no electricity on site.

**Liquid Waste Disposal:** ☐ There will be liquid waste containers/receptacles on site.

Method: \_\_\_\_\_ free standing receptacles, \_\_\_\_\_ in portable restrooms allowed by restroom provider, \_\_\_\_\_ in public sewer allowed by service authority/coordinator, \_\_\_\_\_ in private septic system allowed by owner (requires HD approval)

☐ Vendors must collect and remove their own liquid waste.

**Trash/Refuse Disposal:** ☐ There will be trash containers/receptacles on site  
☐ Vendors must collect and remove their own solid waste.

**Tents or Canopies:** ☐ Tents or canopies for food stands /booths will be provided.  
☐ Food vendors must provide their own overhead protection.

**Estimated Attendance:** \_\_\_\_\_

**Number of Toilet Facilities:** \_\_\_\_\_ **Type:** \_\_\_\_\_ Public Restrooms \_\_\_\_\_ Portable Toilets

NOTE: When public restrooms are not available at the event, portable toilets must be provided at a minimum of one toilet per 100 persons expected to attend the event (12VAC5-610-980).

Please be aware that food vendors may be limited in the menu they can offer if these services are not provided at the event site. The event coordinator is responsible for informing the vendors of any restrictions you must impose.

8. **Attach a Site Map showing the layout and location of food booths, restroom facilities, garbage disposal sites, wastewater disposal facilities, etc.**
9. **List all proposed food vendors and their contact information in the below table. Note: Vendors must be approved/invited by the Event Coordinator and submit a Temporary Food Establishment Application to the Health Department.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Applicant**

### **Vendor List**

<b>Vendor Name and Person to Contact</b>	<b>Type i.e. mobile unit, restaurant, temporary vendor</b>	<b>Vendor Phone #</b>	<b>Vendor Email</b>

\*Please continue on separate sheet if additional space is needed.

Revised: 1/30/17