Hampton and Peninsula
HEALTH DISTRICTS

**Hampton Office**
**3130 Victoria Blvd.**
**Hampton, VA 23661**
**(757) 727-2570**
**hhd-environmental@vdh.virginia.gov**

**James City/Williamsburg Office**
**5300 Palmer Lane**
**Williamsburg, VA 23188**
**(757) 603-4277**
**peninsula.eh@vdh.virginia.gov**

**Newport News Office**
**836-A J Clyde Morris Blvd.**
**Newport News, VA 23601**
**(757) 594-7340**
**peninsula.eh@vdh.virginia.gov**

# EVENT COORDINATOR APPLICATION FOR TEMPORARY FOOD EVENTS

This application should be submitted at least fourteen (14) 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 Phone Number:**<br>**E-mail address:** | **Hours of Event (include time set-up will begin):** |
| **Type of Organization:**<br>☐ **For Profit** ☐ **Charitable** ☐ **Not for Profit** | **Date(s) of Event:** |
| **On-site Contact Person:** | **Event Location:**<br>☐ Indoor Event ☐ Outdoor Event<br>* Event will occur regardless of the weather conditions: ■ Yes ☐ No |
| **On-site Contact Cell Phone:**<br>**Email address:** | **Anticipated Maximum Attendance at Peak Time:**_____ |

**PLEASE NOTE: Vendors for your event are required to submit their application and fee no later than (10) ten days prior to the start date of the event. Failure to do so will result in a permit denial for that vendor.**

An event organizer/coordinator must complete this application and submit to the local health department. Completing this form assists the health department with ensuring (in a timely manner) that all vendors have appropriate permits and licenses to prepare food safely at your event and in determining temporary food establishment compliance with Board of Health Food Regulations (12VAC12-5-421).

**Sketch and/or attach a drawing 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

**Temporary Food Establishment (TFE) Information**

| Organization/Food Vendor Name | Person in charge contact number/email | Permit Information Health District (VDH)/ VDACS/Cottage exempt | Type of set up (tent, canopy, mobile unit) |
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| **Number of temporary food establishments that will be participating in event:** | |
|---|---|
| **Utensil Washing**<br>☐ Provided by Event Organizer<br>☐ Provided by Food Booths<br>Type of sink: | **Food Storage**<br>Refrigerated trailer provided for temporary food establishments ◯ Yes ◯ No<br>Indicate location of refrigerated trailer on sketch. |
| **Toilet Facilities**<br>Number of Toilets that will be provided:<br>#____ Portable #____Existing restrooms available<br>Will toilets and handwashing facilities be provided for food employees? _____<br>***Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing sinks.*** | **Refuse Disposal**<br>Identify company responsible for refuse disposal:<br>Is there a central refuse collection site? Indicate on plot plan. ☐ Yes ☐ No |
| **Potable Water Supply**<br>☐ Permitted Waterworks<br>☐ Private Well (Results of most recent water test must be submitted with this application). | **Wastewater Removal**<br>Identify responsible party for removal:<br>Frequency of wastewater removal: |
| **Electrical Supply**<br>How will electricity be provided to TFE?<br>Contact local building department for applicable requirements. | |

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 |
|---|---|---|

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