



Davie County Health Department Environmental Health Section

P.O. Box 848
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Mocksville, NC 27028



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COORDINATOR'S APPLICATION FOR A TEMPORARY FOOD EVENT

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. A separate Temporary Food Permit application for each booth operator **must be received by the Davie County Health Department, Division of Environmental Health, ten (10) days prior to the event along with payment of \$75 (payable to DCHD) for permit per vendor.** You can have each vendor submit checks to you along with application and submit them to our office. For more information call 336-751-8760. *Note: \$75 payment good for 15 days at same location.

- 1) NAME OF EVENT: _____
- 2) DATE(S) OF EVENT: _____
- 3) EVENT LOCATION: _____
- 4) NAME OF **EVENT COORDINATOR/RESPONSIBLE INDIVIDUALS:**

<u>NAME</u>	<u>ADDRESS</u>	<u>DAYTIME/ EVENING PHONE</u>	<u>FAX/EMAIL</u>

5) NUMBER OF ANTICIPATED FOOD BOOTHS: _____

6) TIME OF FOOD BOOTHS SET-UP: _____

7) LIQUID WASTE/GREASE DISPOSAL METHOD AND SCHEDULES FOR PICK UP:

8) GARBAGE DISPOSAL METHOD AND SCHEDULES FOR PICK UP:

9) WILL EQUIPMENT/UTENSIL WASHING FACILITIES BE PROVIDED FOR BOOTH OPERATORS? (YES/NO) **IF YES, DESCRIBE. IF NOT PROVIDED BY EVENT SPONSOR, THESE FACILITIES WILL BE REQUIRED IN EACH BOOTH.**

10) WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS? (YES/NO) **IF YES, DESCRIBE.**

11) ESTIMATED ATTENDANCE? _____

12) WILL THERE BE A PETTING ZOO OR PONY RIDES? (YES/NO) **IF YES, WILL TEMPORARY HANDWASH FACILITIES BE PROVIDED? DESCRIBE.**

13) NUMBER OF TOILET FACILITIES PROVIDED? _____ TYPE _____

14) NUMBER OF HANDWASH FACILITIES PROVIDED? _____

15) ATTACH A LIST OF PROPOSED FOOD VENDORS WITH NAME, ADDRESS, AND DAYTIME PHONE NUMBER OF EACH OPERATOR.

16) ATTACH A MAP SHOWING THE LAYOUT OF FOOD BOOTHS, GROUNDS, TOILET FACILITIES ETC.

SIGNATURE: _____ DATE _____

Please complete the above form and mail to the Health Department **AT LEAST 10** days prior to the event date.

Vendor Name

Address

Phone

Email Address
