

EVENT ORGANIZER APPLICATION TO OPERATE TEMPORARY FOOD ESTABLISHMENTS

An event organizer/coordinator is required to complete an application if they are responsible for providing any shared facilities (e.g., handwashing, utensil washing, refuse collection) for temporary food establishments as part of a temporary 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:	Hours of Event (include time set-up will begin):
Type of Organization: <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 3 of this application.

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
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 permit will not be issued unless 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

Number of temporary food establishments that will be participating in event: _____

<p style="text-align: center;">Utensil Washing</p> <p><input type="checkbox"/> Provided by Event Organizer <input type="checkbox"/> Provided by Food Booths Type of sink: _____</p>	<p style="text-align: center;">Food Storage</p> <p>Refrigerated trailer provided for temporary food establishments <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate location of refrigerated trailer on sketch.</p>
<p style="text-align: center;">Toilet Facilities</p> <p># of Toilet Facilities that will be provided based on local building codes: _____</p> <p><input type="checkbox"/> Portable <input type="checkbox"/> Existing restrooms available # of toilets and handwashing facilities to be provided for food employees: _____ Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing sinks.</p>	<p style="text-align: center;">Refuse Disposal</p> <p>Identify company responsible for refuse disposal: _____</p> <p>Is there a central refuse collection site? Indicate on plot plan <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p style="text-align: center;">Potable Water Supply</p> <p><input type="checkbox"/> Public Water System <input type="checkbox"/> Non-public water supply (Results of most recent water test must be submitted).</p>	<p style="text-align: center;">Liquid Waste Removal</p> <p>Identify responsible party for liquid waste removal: _____</p> <p>Frequency of liquid waste removal: _____ per day</p>
<p>Electrical Supply How will electricity be provided to TFE? _____</p> <p>Contact local building department for applicable requirements.</p>	

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.

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: _____

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.

