

TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. In addition to this coordinator application, a separate Temporary Food Establishment Permit Application must be submitted by each food vendor. **All applications (coordinator and vendor) and food vendor permit fee(s) must be received by Wake County Environmental Services at least fourteen (14) calendar days prior to the event. Each question must be answered or the application will be returned.**

Application submission date: _____

01. Name of event: _____

02. Location of event: _____

03. Directions to event from downtown Raleigh: _____

04. Date(s) and time(s) of event: _____

Rain (Makeup) Date: _____

05. Name of event coordinator(s) and how they can be contacted during the event:

	Name	Phone number(s)		E-mail Address
a.	_____			
b.	_____			

06. Number of anticipated temporary food vendors: _____

07. Date/time of food vendors setup: _____

08. Will event be providing potable water for food vendors: ()Yes, location and source (utility company documentation required): _____ ()No

09. Will event be providing mechanical refrigeration equipment: ()Yes, location and type: _____ ()No

10. Will event be providing electricity for the food vendors: ()Yes () No

11. Will event be providing approved disposal site for food vendors grey (handwash/utensil sink) water: ()Yes, location and type: _____ ()No

12. Garbage disposal method and pick up schedule: _____

13. Number of toilets provided: _____ Type: _____

14. List below all food vendors that will be participating. **Application will be returned if this section is not filled out completely.**

NAME OF BOOTH	OWNER/OPERATOR	PHONE NUMBER(S) AND E-MAIL

15. Provide a drawing (or attach a separate sheet) of the layout of the event area including vendor locations, potable water supply, toilet facilities, wastewater disposal sites, and garbage disposal site(s).

STATEMENT: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Wake County Environmental Services may nullify final approval and prevent issuance of temporary food establishment permits to food vendors. **I understand that if this application is incomplete it will be returned to me, and, if I do not correct and return it to Wake County Environmental Services at least 14 calendar days prior to the event, my application will not be considered.** I understand that a pre-opening inspection of each food vendor is required and if the food vendor is not in compliance with 15A NCAC 18A .2635 a temporary food establishment permit will not be issued.

Signature: _____ Date: _____
Event Coordinator or Designee

Mail application to Wake County Environmental Services, Temporary Food Establishment, 336 Fayetteville Street, PO Box 550, Raleigh, NC 27602 or fax to (919) 743-4772. For more information visit our website at www.wakegov.com/food or contact Rebecca Robbins at (919) 856-7419 or rrobbins@co.wake.nc.us.