CRAVEN COUNTY HEALTH DEPARTMENT

Division of Environmental Health

TEMPORARY FOOD ESTABLISHMENT EVENT COORDINATOR APPLICATION

Name of Event: _____

Location of Event: _____

Date(s)/Time(s) of Event: _____

Event Coordinator(s):

Name: _____ Phone: _____ Email:_____

Name: _____ Phone: _____ Email:_____

Name: _____ Phone: _____ Email:_____

Name: _____ Phone: _____ Email:_____

On-Site Coordinator(s) and contact information for the entire event:

Name: _____ Phone: _____ Email:_____

Name: _____ Phone: _____ Email:_____

- **Describe the source and how the potable water will be provided to food vendors:**
  ( ) Well; ( ) Public Water; ( ) Other

_____

_____

_____

(Note: If a non-public water supply is to be used, the water must be tested within 30 days of the event and the results must be submitted to this office.)

- **Describe the restroom and hand washing facilities (type, number and location):**

_____

_____

- **If portable toilets will be used, how often will they be serviced (emptied) during the event?**

Attach contract. _____

- **Who will be responsible for maintenance of restroom and hand washing facilities during the event?** _____

- **Describe how/where food vendors may dispose of wastewater during the event:**

_____

_____

- **Describe how/where garbage will be disposed of during the event:** _____

_____

- **Will electricity be provided to food vendors during the event?** ☐ **Yes** ☐ **No**

If yes, describe how/where electrical hookups will be provided:

_____

Provide a map of the event set-up including food vendor placement, water supply site(s), wastewater disposal site(s), restroom and hand washing facilities, garbage disposal site(s) and electrical hook-ups. Use this space if necessary.

Applicant Signature _____ **Date** _____

An application for a temporary food establishment permit is included.

Please make copies as needed to provide to your vendors.