

TEMPORARY FOOD EVENT SPONSOR'S FORM

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. A Temporary Food Event Coordinator's Form and the food vendors application with fees must be received by Johnston County Environmental Services **at least fifteen (15) days** prior to the event. Please mail to address:

Johnston County Environmental Health
309 E. Market Street
Smithfield, NC 27577

For more information, please call 919-989-5180.

SUBMISSION DATE: _____

01. NAME OF EVENT: _____

02. LOCATION OF EVENT: _____

03. IS THERE A DEFINED GEOGRAPHIC AREA FOR THIS EVENT? _____
PLEASE EXPLAIN: _____

ARE VENDORS OUTSIDE THIS DEFINED GEOPGRAPHIC AREA CONSIDERED
PART OF YOUR EVENT? _____

04. DIRECTIONS TO EVENT FROM DOWNTOWN SMITHFIELD: _____

05. DATE(S) AND TIME(S) OF EVENT: _____

06. NAME OF EVENT COORDINATOR(S) AND HOW THEY CAN BE CONTACTED
DURING THE ENTIRE EVENT:

NAME	MAILING ADDRESS	PHONE NUMBER(S)
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a. _____

b. _____

07. NUMBER OF ANTICIPATED TEMPORARY FOOD ESTABLISHMENTS :

08. DATE & TIME THAT FOOD VENDORS WILL BE ALLOWED TO SETUP:

09. DESCRIBE POTABLE WATER SUPPLY FOR FOOD VENDORS:

10. DESCRIBE WASTEWATER DISPOSAL FOR FOOD VENDORS: _____

11. TOILET FACILITIES PROVIDED: _____ TYPE: _____
IF PORTABLE TOILETS ARE TO BE USED, HOW OFTEN WILL THEY BE SERVICED (EMPTIED) DURING THE EVENT?

_____ WILL ADJACENT HANDWASHING FACILITIES BE PROVIDED?

12. WILL THERE BE A PETTING ZOO AT THE EVENT? _____ IF YES, WILL THERE BE A HAND-WASHING STATION CLOSE BY? _____

13. DESCRIBE GARBAGE DISPOSAL & FREQUENCY: _____

14. WILL ELECTRICITY BE PROVIDED TO THE FOOD VENDORS? _____

15. LIST BELOW **ALL FOOD VENDORS** EXPECTING TO BE PARTICIPATING:

	NAME OF BOOTH	OWNER/OPERATOR	PHONE NUMBER(S)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			

16. **DIAGRAM BELOW (OR ATTACH A SEPARATE SHEET) THE LAYOUT OF THE EVENT AREA INCLUDING VENDOR LOCATIONS, TOILET FACILITIES, WASTEWATER DISPOSAL SITE(S), GARBAGE DISPOSAL SITE(S), POTABLE WATER SOURCE (IF APPLICATBLE), ETC. IF YOU ALREADY HAVE A DIAGRAM SUBMIT WITH APPLICATION.**

STATEMENT: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Johnston County Environmental Services may nullify final approval and prevent issuance of permits to participating food vendors. I understand that 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.

Print Name Signature

Date

*****DO NOT WRITE BELOW THIS LINE*****

Application reviewed by: _____ Date: _____

Field Notes: _____

