



Guilford County Department of Public Health Application for a Special Event

Special Event: _____ Dates: _____

Event Location: _____

Controlling Sponsor: _____ Phone: _____

Address: _____ Fax #: _____

_____ E-Mail: _____

Other - Event Coordinators/Responsible Individuals:

Name Sponsor: _____ Phone: _____

Address: _____ Fax #: _____

Responsibility: _____ E-Mail: _____

Name Sponsor: _____ Phone: _____

Address: _____ Fax #: _____

Responsibility: _____ E-Mail: _____

Name Sponsor: _____ Phone: _____

Address: _____ Fax #: _____

Responsibility: _____ E-Mail: _____

Name Sponsor: _____ Phone: _____

Address: _____ Fax #: _____

Responsibility: _____ E-Mail: _____

Special Event Information:

Estimated Attendance: _____ **Admittance:** ___ **Tickets,** ___ **Open**

Number of Toilet Facilities Provided: _____, **Types:** _____

Source of Water Supply: _____, **Water Supply Tested:** _____, **Dates:** _____

Source of Ice: _____

Method of Providing Drinking Water: _____

Handwash Facilities Provided: _____

Electricity Provided to each Food Vendor: ___ **YES,** ___ **NO**

Water Provided to each Food Vendor: ___ **YES,** ___ **NO**

Liquid Waste Disposal Methods: _____

Solid Waste Collection & Disposal: _____
(Pick Up Times) _____

Attach a map of the Special Event area and indicate the location of the Control and Communications Center, First Aide Area and each Food Vendor location.

(The approximate location of Toilets, Solid Waste Containers, Ice Stations, Liquid Waste Disposal Sites and other facilities noted above must also be indicated on the map.)

Attach a list of proposed food vendors and a completed “Application for a Temporary Foodservice Establishment” for each Food Vendor. (Each Food Vendor must contact the Health Department to gain operational pre-approval for their temporary establishment.)

****Please remit at least 1 month prior to the event.****



Guilford County

Department of

Public Health

Application for a Temporary Food Service Permit

Event Information

Name of Special Event _____
Date(s) & Time of Event _____
Event Location _____
Event Sponsor or Contact Person _____

Vendor Information

Name of Concession _____
Owner/Contact Person _____
Phone Numbers _____
Street Address _____
City/State _____ ZIP Code _____

Enclosure Type:

Trailer _____ Booth _____ Tent _____

Menu Items:

Signature _____ Date: _____
O\SpecialEventsApplication 0403/0608