



## 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.\*\***