



Beaufort County Public Health Department
Environmental Health Section

TELEPHONE: 252.946.6048
FAX: 252.946.2074

220 North Market Street
WASHINGTON NC 27889

www.bchd.net

TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION

(To be completed for events with several temporary food vendors)

APPLICATION SUBMISSION DATE: _____

Name of Event: _____

Location of Event: _____

Describe site of event:

Names of Event Coordinator(s) responsible:

Table with 4 columns: Name, Email Address, Address, Phone Number (cell). Contains 5 empty rows for data entry.

Name of the on-site coordinator and how this individual can be contacted during the entire event:

Table with 4 columns: Name, Email Address, Address, Phone Number (cell). Contains 2 empty rows for data entry.

Expected number of patrons: _____

Expected peak days: _____

Anticipated numbers of patrons per day: _____

Attach additional sheets as necessary

Number of TFE sites/operations: _____

Name of individual responsible for each TFE site: **The name of the vendor must be provided at the time of submittal. Cannot add any vendors once submitted.**

Name	Address		Phone Number

Date & Time that food service operations will be setup:

Describe toilet & handwashing facilities (type, number & location):

Indicate who will be responsible for their maintenance during the event:

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

Will electricity be provided to the TFE sites? _____ Yes _____ No
If yes, please describe how?

Describe potable water supply:

Describe wastewater disposal system (for TFE vendors using a tent, a gray water container protected from the public must be provided for their wastewater disposal):

Describe garbage disposal: _____



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Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Regulatory Office may nullify approval.

Signature(s):

[Signature line]

Date: _____

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required (i.e. federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

All applications shall be submitted to the health department 15 days prior to the event for 5 or less food vendors. If your event has more than 5 food vendors, the applications shall be submitted 30 days prior to the event. This requirement does not prohibit the submission of applications for substitute vendors provided that these applications are submitted no fewer than 3 business days prior to the event.

Approved _____ Disapproved _____

EHS _____ Date _____