



**APPLICATION FOR A SPECIAL EVENT**

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. **A separate Temporary Food Permit Application, and \$75 plan review fee, for each temporary food vendor must be received by the Person County Health Department at least 30 days prior to the event.** The event coordinator is responsible for submitting **all vendor applications** to the health department for review in the allotted time. Be sure to consult with the Fire Marshal, etc. before your event. For more information, call 336-597-1790.

Mail applications to: Person County Environmental Health

325 S. Morgan St. Suite C

Roxboro, NC 27573 Fax: 336-597-7808

E-mail applications to:

envhealth@personcountync.gov

Special Event: \_\_\_\_\_

Event Location/Address: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Time of Event: \_\_\_\_\_

please attach list of dates if applying for multiple dates in one application

Controlling Sponsor/Contact: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other Event Coordinators/Responsible Individuals:

Name of Sponsor: \_\_\_\_\_ Responsibility: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_ Responsibility: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_ Responsibility: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

EVENT INFORMATION:

Estimated Attendance: \_\_\_\_\_ Admittance: ☐ Tickets ☐ Open

Number of Toilet Facilities Provided: \_\_\_\_\_ Types: \_\_\_\_\_

Source of Water Supply (public or private): \_\_\_\_\_

If private, Water Supply Tested: ☐ Yes ☐ No If yes, Date(s): \_\_\_\_\_

Source of Ice: \_\_\_\_\_

Method of Providing Drinking Water: \_\_\_\_\_

Hand Wash Facilities Provided: \_\_\_\_\_

Electricity Provided to each Food Vendor: ☐ Yes ☐ No

Water Provided to Each Food Vendor: ☐ Yes ☐ No

Liquid Waste Disposal Method: \_\_\_\_\_

Solid Waste Collection & Disposal: \_\_\_\_\_

Pick Up Times: \_\_\_\_\_

ITEMS TO ACCOMPANY THIS FORM

A. Map of the Special Event Area indicating the location of the following:

- |                                      |                                |
|--------------------------------------|--------------------------------|
| 1. Control and Communications Center | 6. Liquid Waste Disposal Sites |
| 2. First Aide Area                   | 7. Ice Stations                |
| 3. Each Food Vendor                  | 8. Water Supply                |
| 4. Toilets                           | 9. Handwashing Facilities      |
| 5. Solid Waste Containers            |                                |

B. List of proposed food vendors

**Each food vendor must contact the Health Department to gain operational pre-approval 30 days prior to the event or may be unable to participate.**

STATEMENT: I hereby certify that the above information is correct and I fully understand that deviation from the above without prior permission from Person County Environmental Health may void the final approval and prevent the issuance of permits to participating food vendors. I understand that a pre-opening inspection of each qualifying food vendor is required and that if the food vendor is not in compliance with 15A NCAC 18A .2635, a food permit will not be issued.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DO NOT WRITE BELOW THIS LINE

.....  
Date Received: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Comments: \_\_\_\_\_  
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