COORDINATOR'S APPLICATION FOR A TEMPORARY FOOD EVENT

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. Please complete this form and submit to the proper Health Department AT LEAST FOUR (4) WEEKS prior to the event date.



www.arhs-nc.org

1) NAME OF EVENT			
2) DATE(S) OF EVENT			
3) EVENT LOCATION			
4) NAME OF EVENT COORDINA	ATOR/RESPONSIBLE	INDIVIDUALS:	
NAME ADDRESS	<u>DAYTIM</u>	E PHONE	EVENING PHONE
Email:			
5) NUMBER OF ANTICIPATED	FOOD BOOTHS		
6) TIME OF FOOD BOOTHS SET	Γ-UP		
7) SOURCE OF WATER SUPPLY	<i></i>		
8) LIQUID WASTE DISPOSAL M	METHOD		
9) GARBAGE DISPOSAL METH	OD		
10) ESTIMATED ATTENDANCE_			
11) NUMBER OF TOILET FACILI	TIES PROVIDED?	TYPE	
12) ATTACH A LIST OF PROPOS PHONE NUMBER OF EACH OPE		VITH NAME, ADDRES	S, AND DAYTIME
13) ATTACH A MAP SHOWING T STREETS, LANDMARKS, TOILE (WASTEWATER, GARBAGE, AN	Γ FACILITIES, LOCAT	· ·	
SIGNATURE:		DATE	
In addition, a separate Temporary Fo Albemarle Regional Health Servic			ust be received by
Mail to: ARHS Environmental Health	Bertie County P: (252) 794-5303 F: (252) 794-5361	Currituck County P: (252) 232-6603 F: (252) 232-1912	Pasquotank County P: (252) 338-4490 F: (252) 337-7921
Attn: <i>County Name</i> PO Box 189 Elizabeth City, NC 27907	Camden County P: (252) 338-4460	Hertford County P: (252) 862-4054	Perquimans County P: (252) 426-2100

F: (252) 338-4475

Chowan County P: (252) 482-1199

F: (252) 482-6020

F: (252) 862-4263

P: (252) 357-1380

F: (252) 357-2251

Gates County

F: (252) 426-2104