



JOHNSTON COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

309 East Market Street, Smithfield, NC 27577

Phone: 919-989-5180 Fax: 919-989-5190

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TEMPORARY FOOD EVENT SPONSOR'S FORM

This form must be received by the Johnston County Environmental Health Office **at least 15 days prior** to the event date, there are no fees associated with this form. Each food vendor is required to complete an Application for a Temporary Food Service Establishment and submit to the Environmental Health Office with the required fee **at least 15 days prior** to the event date.

This completed Form can be submitted to our office by: emailed to the email address above, it can be mailed or hand delivered to the address above.

SUBMISSION DATE: _____

01. NAME OF EVENT: _____

02. LOCATION OF EVENT: _____

03. IS THERE A DEFINED GEOGRAPHIC AREA FOR THIS EVENT? _____
PLEASE EXPLAIN: _____

ARE VENDORS OUTSIDE THIS DEFINED GEOPGRAPHIC AREA CONSIDERED PART OF YOUR EVENT? _____

04. DIRECTIONS TO EVENT FROM DOWNTOWN SMITHFIELD: _____

05. DATE(S) AND TIME(S) OF EVENT: _____

06. NAME OF EVENT COORDINATOR(S) AND HOW THEY CAN BE CONTACTED DURING THE ENTIRE EVENT:

NAME	MAILING ADDRESS	PHONE NUMBER(S)
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a. _____

b. _____

07. NUMBER OF ANTICIPATED TEMPORARY FOOD ESTABLISHMENTS: _____

08. DATE & TIME THAT FOOD VENDORS WILL BE ALLOWED TO SETUP: _____

09. DESCRIBE POTABLE WATER SUPPLY FOR FOOD VENDORS: _____

10. DESCRIBE WASTEWATER DISPOSAL FOR FOOD VENDORS: _____

11. TOILET FACILITIES PROVIDED: _____ TYPE: _____

IF PORTABLE TOILETS ARE TO BE USED, HOW OFTEN WILL THEY BE SERVICED (EMPTIED) DURING THE EVENT?

WILL ADJACENT HANDWASHING FACILITIES BE PROVIDED? _____

12. WILL THERE BE A PETTING ZOO AT THE EVENT? _____ IF YES, WILL THERE BE A HAND-WASHING STATION CLOSE BY? _____

13. DESCRIBE GARBAGE DISPOSAL & FREQUENCY: _____

14. WILL ELECTRICITY BE PROVIDED TO THE FOOD VENDORS? _____

15. LIST BELOW **ALL FOOD VENDORS** EXPECTING TO BE PARTICIPATING:

	NAME OF BOOTH	OWNER/OPERATOR	PHONE NUMBER(S)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____

- 16. DIAGRAM BELOW (OR ATTACH A SEPARATE SHEET) THE LAYOUT OF THE **EVENT AREA** INCLUDING VENDOR LOCATIONS, TOILET FACILITIES, WASTEWATER DISPOSAL SITE(S), GARBAGE DISPOSAL SITE(S), POTABLE WATER SOURCE (IF APPLICATBLE), ETC. IF YOU ALREADY HAVE A DIAGRAM SUBMIT WITH APPLICATION.

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

Print Name Signature Date

*****DO NOT WRITE BELOW THIS LINE*****

Application reviewed by: _____ Date: _____

Field Notes: _____
