



EVENT COORDINATOR APPLICATION FOR TEMPORARY FOOD ESTABLISHMENTS

Brunswick County Health Services, Environmental Health Section

25 Courthouse Drive NE ▪ P. O. Box 9

Bolivia, NC 28422

(910)253-2150

Email: env-health@brunswickcountync.gov

Event Information

Name: _____

Location: _____

Date(s): _____ Time(s): _____

Event Coordinator Information

Name: _____

Address: _____

Phone: _____ Email: _____

Additional Coordinator Name(s) and Contact Information: _____

Site Information

Source of Water for Food Vendors:

___ Public Water _____ Water Supplied by Food Vendor(s)

___ *On-site Private Well _____ Other: _____

(*Requires testing prior to event)

Check the following items supplied for the food booths by the organizer:

___ Potable Water Hose _____ Toilet Facilities _____ Electricity _____ Grease Disposal Bin

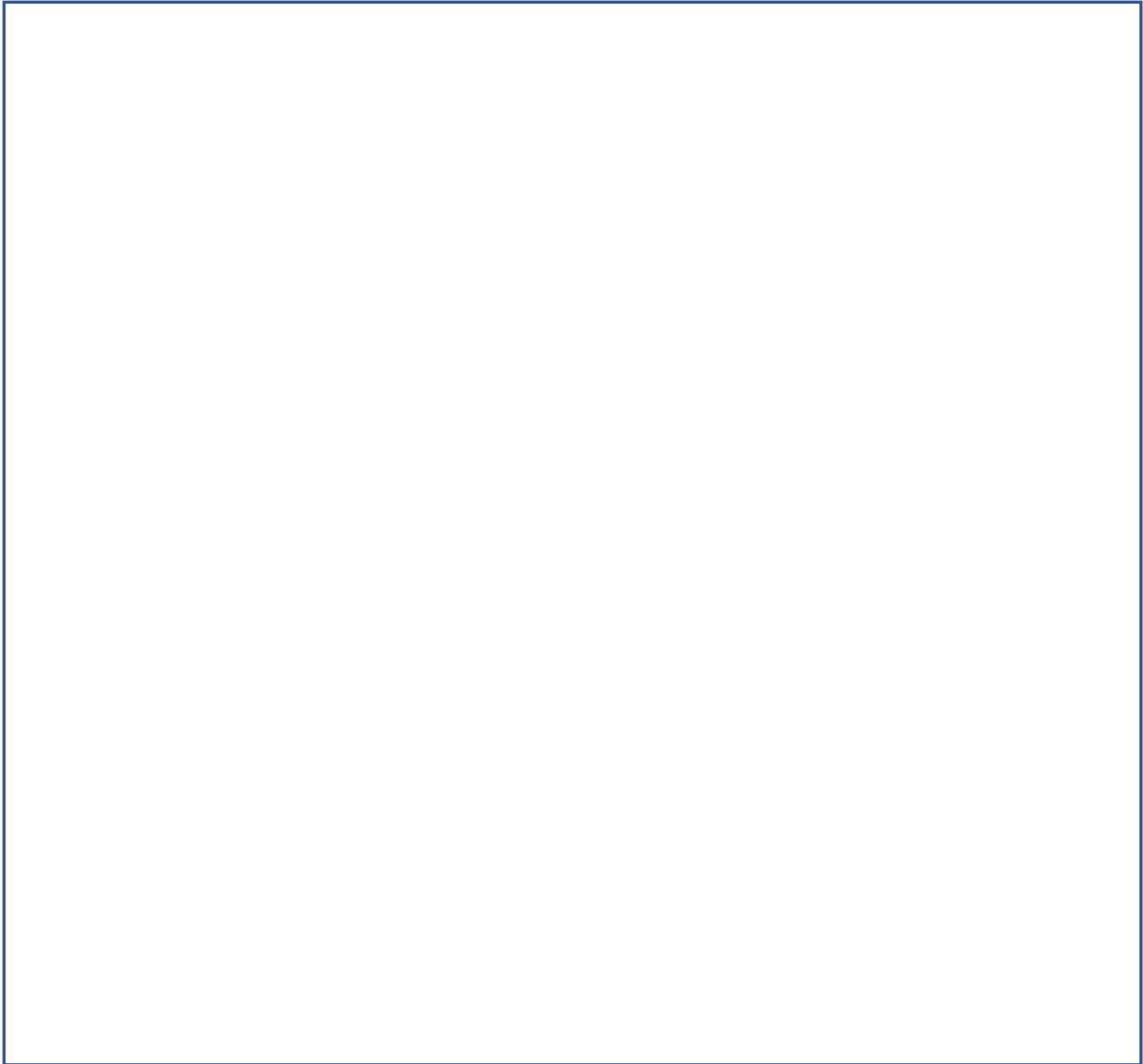
___ Wastewater Disposal Bin _____ Dumpster _____ Backflow Preventer

Food Vendor Information

(List ALL food vendors below. Use additional forms if needed):

Booth Name	Contact Name	Phone/Email

Provide a basic layout of the event site or attach a site map and label locations for: food vendors, potable water lines, grey water bins, restrooms, dumpsters, grease bins and any petting zoo or animal holding areas. Applications will not be accepted without a site map.



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I certify that the information in this application is correct and I understand that any deviation without prior approval from Brunswick County Environmental Health may nullify approval.

Event Coordinator (Print/Sign): _____

Date: _____

***PLEASE NOTE: A separate vendor application must be submitted by each food service vendor at least 15 days prior to the start of the event. Applications and fees cannot be accepted at the event.**