



# JOHNSTON COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

309 East Market Street, Smithfield, NC 27577

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

Email: [envhealth@johnstonnc.com](mailto:envhealth@johnstonnc.com)

## 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)

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_