

HARNETT COUNTY EVENT COORDINATOR APPLICATION

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event.

In addition to this Coordinator Application, a separate Temporary Food Establishment Permit Application must be submitted by each food vendor.

All applications (coordinator & vendor) & food vendor permit fees must be received by Harnett County Environmental Health, 307 W. Cornelius Harnett Blvd., Lillington, NC 27546 at least 15 calendar days prior to the event.

Phone: 910-893-7547

➤ EVENT INFORMATION

NAME OF EVENT: _____

Location / Address of Event: _____

Date(s) of Event: Starts on _____ (MM/DD/YY) at _____ a.m. p.m.

Ends on _____ (MM/DD/YY) at _____ a.m. p.m.

TYPE OF EVENT (Circle):

Fair Festival Carnival Public Exhibition Other _____

➤ EVENT COORDINATOR OR ORGANIZER

NAME OF COORDINATOR: _____

Mailing Address: _____ City/State/Zip _____

Phone: Mobile () _____ Home () _____

Email Address: _____

➤ **FOOD SERVICE INFORMATION**

1. Will The Event Provide Potable Water To Food Vendors? Yes () No ()

If yes, what is the source of supply? _____

2. Power Supply (check all that apply):

- Event will allow continuous access to electricity on site
- Vendors are allowed to continuously run generators on site
- There will be no electricity supplied on site

3. Liquid Waste / Grease Disposal:

- Event will provide grey water / liquid waste receptacles on site
- Vendors must collect and remove their own grey water / liquid waste
- Event will provide grease receptacles on site
- Vendors must collect and remove their own grease

4. Restroom Facilities:

- Public restrooms Number provided: _____
- Portable toilets Number provided: _____

5. Attach a list of all proposed food vendors including for profits, non-profits and free food stands.
Please include a contact name and phone number for each.

6. Attach a sketch of the event grounds showing locations of the following:

- Food vendors
- Portable toilets
- Water hookup
- Liquid waste disposal

➤ **STATEMENT**

I certify the information I have provided in this application is complete and accurate. I understand that any deviation from approved plans without prior permission from Harnett County Environmental Health may nullify final approval and may prevent issuance of TFE permits to food vendors. I understand that a pre-opening inspection of each food vendor is required and if the food vendor is not in compliance with 15A NCAC 18A .2665 a temporary food establishment permit will not be issued.

Signature _____ **Date** _____