



**VIRGINIA DEPARTMENT OF HEALTH**  
**APPLICATION FOR TEMPORARY FOOD EVENT PERMIT**  
 (PLEASE TYPE OR PRINT)

DATE: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

ORGANIZATION REPRESENTATIVE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBERS: (W) \_\_\_\_\_ (H) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

EVENT: \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

DATE(S) OF OPERATION: \_\_\_\_\_ TIME(S) \_\_\_\_\_ TO \_\_\_\_\_

TEMPORARY FOOD PERMIT FEE PAID: YES NO (circle one)

If yes, please provide copy of receipt for payment

If no, then contact the local Health Department in the County in which the event will take place to make arrangements for fee submittal. The Inspector will not be able to collect your fee at the time of the event.

TYPE OF FOOD FACILITY: \_\_\_\_\_

(Beverage Wagon, Booth, Kitchen, Tent, etc.)

Please Provide the following information. Failure to provide the necessary information regarding your operation may delay the processing of your application.

Water Service \_\_\_\_\_ Sewage Disposal \_\_\_\_\_

Solid Waste Disposal \_\_\_\_\_ Liquid Waste Disposal \_\_\_\_\_

**LIST ALL FOOD AND BEVERAGE ITEMS BELOW**

FOOD/ BEVERAGE	SOURCE ADDRESS	WHERE PREPARED	METHODS OF PREPARATION AND SERVING, EQUIPMENT USED
Example: Hot Dogs	Supermarket	Joe's Restaurant or On Site	Boiled in large pot on gas grill using tongs.

FOOD/ BEVERAGE	SOURCE ADDRESS	WHERE PREPARED	METHODS OF PREPARATION AND SERVING, EQUIPMENT USED

HAND WASHING METHODS	CONDIMENTS HOW SERVED	LIST ALL UTENSILS HOW CLEANED DESCRIBE SANITIZER	REFRIGERATION TYPE	LIST ALL COOKING EQUIPMENT
Example: soap, water, towels	Prepackaged mustard, ketchup, etc.	Tongs, spatula, knife, ice scoop (soap water / rinse water / bleach water sanitizer)	Reach-In Refrigerator, Cooler with Ice	Electric grill, steam table, deep fat fryer, hot plate

**PLEASE CALL THIS OFFICE PRIOR TO THE EVENT TO VERIFY THE STATUS OF YOUR APPLICATION. PLEASE NOTIFY THIS OFFICE OF ANY CHANGES IN YOUR APPLICATION. (IE. ADDITIONAL MENU ITEMS, ETC.)**

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**CERTIFICATION**

**I have read the attached instructions, understand them, and will comply with their requirements. I understand that failure to comply may result in a permit not being issued or permit suspension, as per the Virginia Department of Health Food Regulations 12 VAC 5-421, as implemented, January 1, 2011.**

\_\_\_\_\_  
**Name of Operator**

\_\_\_\_\_  
**Date**

Mecklenburg County Health Department  
P.O. Box 560  
Boydton, VA 23917  
Ph. 434 738-9557  
Fax 434 738-6295

Brunswick County Health Department  
2087 Lawrenceville Plank Road  
Lawrenceville, VA 23868  
Ph. 434 848-2525  
Fax 434 848-2235

Halifax County Health Department  
P.O. Box 845  
Halifax, VA 24558  
Ph. 434 476-4863  
Fax 434 476-4869