

**NORTH CENTRAL DISTRICT HEALTH DEPARTMENT
EVENT ORGANIZER APPLICATION TO OPERATE A TEMPORARY FOOD ESTABLISHMENT**

An event organizer/coordinator is required to complete an application if they are responsible for providing any shared facilities (e.g., handwashing, utensil washing, refuse collection, toilet facilities, etc.) for temporary food establishments (TFE) as part of a temporary event.

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

ORGANIZER INFORMATION	EVENT INFORMATION
Organizer/Coordinator DBA:	Event Name:
Mailing Address:	Location:
City/State/Zip Code:	Address:
Event Organizer's Name:	City/State/Zip Code:
Event Organizer's Phone:	Hours of TFE Operation (include time set-up will begin):
Type of Organization: <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable – Not for Profit	Date(s) of Event:
On-site (Person-in-Charge) Contact:	Event Location: <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event* * Event will occur regardless of the weather conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No
On-site Contact Cell Phone:	Anticipated Maximum Attendance at Peak Time: _____

Sketch the general layout of the event indicating the location of the following on page 3 of this application.

1. Temporary Food Establishments locations (if DBA is available, include on application)
2. Water supply
3. Toilet and handwashing facilities
4. Refuse disposal containers
5. Location of shared utensil-washing facilities
6. Refrigerated trailer, if provided
7. Location of animals, rides, attractions (include distance to temporary food establishment from all other facilities on plot plan)

An event organizer permit will not be issued unless this application meets all applicable requirements found in the Kentucky Food Code and the 2013 Food Code as summarized in the Temporary Food Establishment Information Packet. Additionally, the undersigned is aware that non-compliance may result in closure of the event and/or temporary food establishment.

Number of temporary food establishments that will be participating in the event:

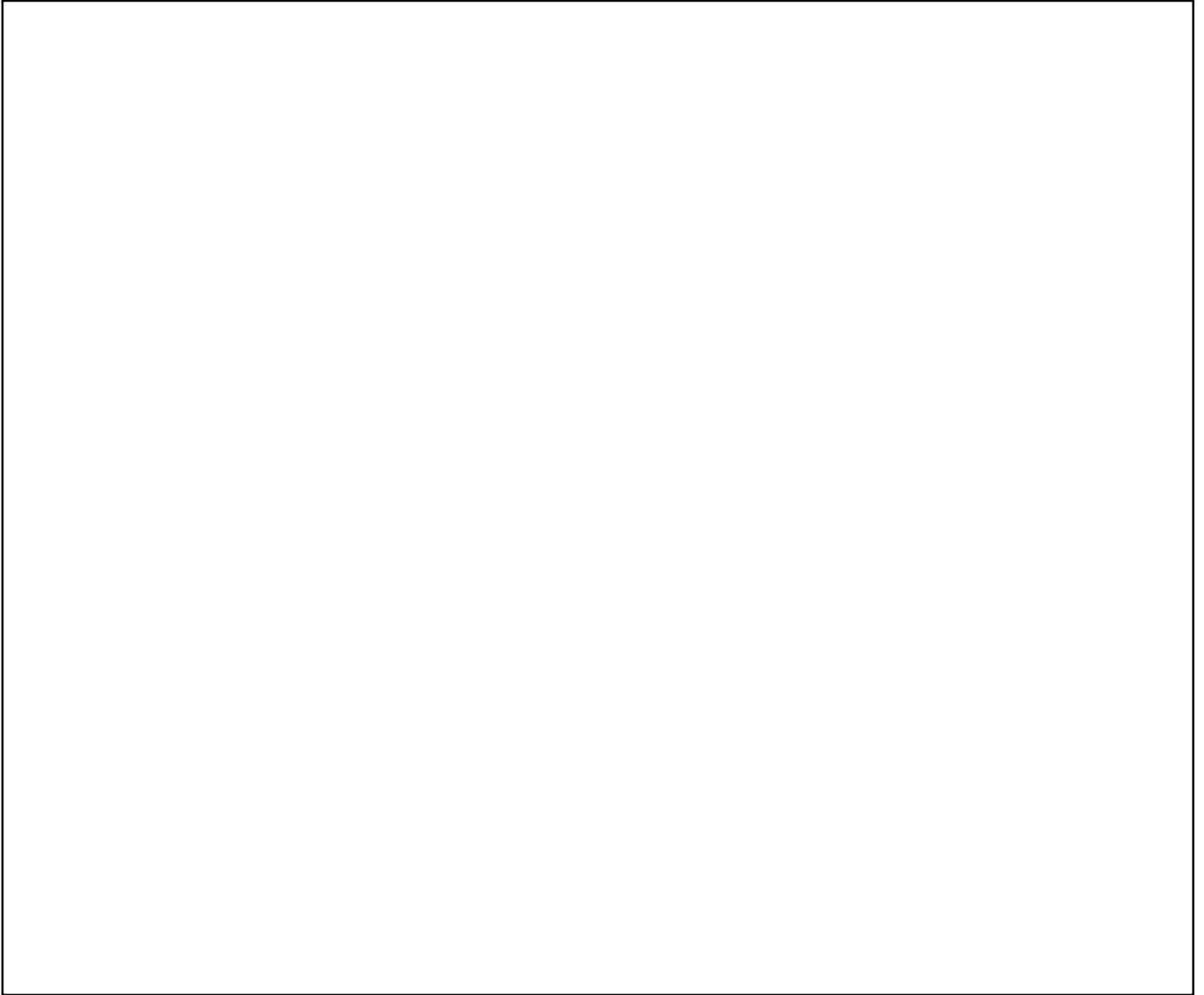
TEMPORARY FOOD ESTABLISHMENT REQUIREMENTS

<p>Utensil Washing</p> <p><input type="checkbox"/> Provided by Event Organizer</p> <p><input type="checkbox"/> Provided by TFE Operator</p> <p>Type of sink:</p>	<p>Food Storage</p> <p>Is a refrigerated trailer provided for TFE to use?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If provided, indicate location of refrigerated trailer on sketch.</p>
<p>Toilet Facilities</p> <p># of Toilet Facilities that will be provided (based on local building code): _____</p> <p><input type="checkbox"/> Portable</p> <p><input type="checkbox"/> Existing permanent restrooms available</p> <p># of toilets and handwashing facilities to be provided for food employees: _____</p> <p><i>Hand soap, single-use towels, and a trash receptacle must be provided at all handwashing sinks.</i></p>	<p>Refuse Disposal</p> <p>Identify company responsible for refuse disposal:</p> <p>Is there a central refuse collection site?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If central refuse collection site, indicate on sketch.</p>
<p>Potable Water Supply</p> <p><input type="checkbox"/> Public Water System</p> <p><input type="checkbox"/> Non-public water supply (Results of most recent water test must be submitted)</p>	<p>Liquid Waste Removal</p> <p>Identify responsible party for liquid waste removal:</p> <p>Frequency of liquid waste removal:</p> <p>_____ times per day</p>
<p>Electrical Supply</p> <p>How will electricity be provided to TFE?</p> <p><i>Contact local building department for applicable requirements.</i></p>	

Approval of this application by the North Central District Health Department **does not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Additionally, the undersigned is aware that non-compliance may result in closure of the temporary food establishments.

Sketch below the general layout of the Temporary Food Establishment indicating the location of the following:

1. Temporary Food Establishments
2. Water Supply
3. Toilet and Handwashing Facilities
4. Trash Disposal Containers
5. Location of Shared Utensil-Washing Facilities
6. Refrigerated Trailer, if provided
7. Location of animals, rides, attractions (include distance of TFE from all other facilities on sketch)



A temporary food establishment permit will not be issued unless this application meets all applicable requirements of the Kentucky Food Code and the 2013 Food Code. Additionally, the undersigned is aware that non-compliance may result in closure of the temporary food establishment.

Applicants Name (Print): _____

Applicants Signature: _____ Date: _____

