

## ALEXANDRIA HEALTH DEPARTMENT

**Environmental Health Division** 

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## Coordinator's Application for a Special Event with Food Vendors

Please print or type the information requested below and return the completed application by mail, email or fax to the Health Department. <u>Each food vendor must complete an **Application for a Permit to Operate a Temporary Food Establishment**.\* The vendor application(s) must be submitted at least 30 days prior to the date of the event. The coordinator is responsible for timely submission of all applications. For more information, please contact the Health Department.</u>

1. NAME OF EVENT	Г:					
Location & Addres	ss of Event:					
☐ <u>One Time Event</u>						
Date(s) of Event:	Starts on (MM/DD/YY) at		_	☐ PM		
	Ends on	(MM/DD/YY) a	at	_	☐ PM	
☐ Recurring Season	nal Event within th	he Calendar Year (e.g. far	mers' market)			
Event Starts on	(MM/DD/	/YY) Event Ends on	(MM/DD/YY)			
Occurs Every: Su M T W Th F S From: AM PM to					AM □PM	
Address:		City	State	Zip_		
Phone Numbers:	Business:	Fax:				
	Mobile:	Email Addre	ss:			
Contact Number fo	or the day of the ev	ent:				
restaurants, non-		<b>VENDORS</b> (i.e., temporary for a gourmet food vendors with —				
NOTE: This is the time you	have asked the food ven	PERATIONS:  dors to be ready for the inspection by e event. Please allow more time for	y the Health Departm	ent. This tir		

\* Some facilities with an Alexandria Annual Permit will not need to apply for a separate temporary event permit, as their existing permit will cover their off-site cooking and preparation as long as the food they are serving at the event is consistent with what they serve in their facility. Please still include these vendors in your vendor list, but note that they will not need to submit an application and payment to us in order to participate in the event.

foods can be prepared and/or offered for sale or sample until the permit is issued by the Health Department.



Last Revised 07/2017

5. SERVICES PROVIDED ON SITE TO THE FOOD VENDORS (Check all that apply):							
	Water Supply:  ☐ There is access to a potable water supply line on-site. ☐ Vendors must bring their own water.						
	Ice Supply:	☐ Ice will be provided to vendors on-site. ☐ Vendors must bring their own ice.					
	Electricity:	<ul><li>☐ There is access to electricity on-site.</li><li>☐ Vendors are allowed to use generators on-site.</li><li>☐ There will be no electricity supplied on site.</li></ul>					
	Liquid Waste Disposal:	☐ There will be liquid waste containers / receptacles on-site. ☐ Vendors must collect and remove their own liquid waste.					
	Trash / Refuse Disposal:	<ul><li>☐ There will be trash containers / receptacles on-site.</li><li>☐ Vendors must collect and remove their own trash / refuse.</li></ul>					
	Tents or Canopies:						
Estimated Attendance: Number of Toilet Facilities: Note: State regulations require 1 toilet per 100 people at special events.							
/pe:	☐ Public Restrooms [	Portable Toilets <b>Handicap Accessible:</b> Yes No					
	are not provided at the	food vendors may be limited in the menu they can offer if these e event site. The event coordinator is responsible for informing tions imposed by the coordinator.					
6.	Attach a list of all proposed food vendors and their contact information. Attach a map showing the event layout with the food vendors, toilet facilities, garbage disposal, and wastewater disposal sites.						
7.	Will there be a petting	zoo, pony rides or any other live animals at this event?	☐ YES ☐ NO				
8.	Will there be a diaperi	☐ YES ☐ NO					
9.	If using public property, have you made application with the City of Alexandria Special Events Committee at (703) 746-4343/4344?						
10.	. Will there be water att	ractions, such as dunk tanks, slip'n'slides or wading pools?	☐ YES ☐ NO				
11.	. Would you like to requ training for the food v	lest a free food safety training and temporary food establishme endors?	nt YES NO				
	If YES, please contact advance notice for train	the Health Department at (703) 746-4910. Please allow at lea ining request.	st 3 weeks				
Ap	plicant's Signature (F	Please initial if completing electronically)  Date					
(Pi	rint Name)						
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ee -	Uso Only						
	ose Omy						

Date Received \_\_\_\_\_