Georgia Department of Public Health

District 4 Public Health

PERMIT APPLICIATON FOR TEMPORARY FOOD SERVICE ESTABLISHMENT ORGANIZER

TEMPORARY FOOD SERVICE ESTABLISHMENT ORGANIZER APPLICATION

Organizer's Name: _____ Organizer's Phone: _____

Organizer's Address: _____
Please include suite # | Street Name and # | Suite | City | State | Zip Code

Organizer's E-mail Address: _____

Event Name: _____

Event Address: _____
Street Name and # | Suite | City | Zip Code

Set Up Date: _____ Set Up Time: _____

Event Begin Date: _____ Event Begin Time: _____

Event End Date: _____ Event End Time: _____

Number of food service vendors expected: _____

WATER SUPPLY

1. In what manner will potable water be obtained from an approved source? (Check all that apply)

   ☐ Public water system ☐ Well

   Provide details on how the water is obtained (Check all that apply):

   ☐ Vendor is completely responsible for their own water supplied ☐ Bulk commercial supply (bottled) ☐ Onsite water faucet

   ☐ Onsite direct water connection (trailer inlet) ☐ Other _____

2. Source of bottled water (both individual bottle and bulk supply)? _____

TOILET FACILITIES

1. What will be used for toilet facilities for the food booth(s)?

   ☐ Central supplied facilities ☐ Portable toilets

WASTE DISPOSAL (Solid and Liquid)

1. What type container will be used for solid waste disposal in the food facility? _____

2. How will you dispose of liquid waste? _____

3. Expected number of patrons: _____

4. Anticipated number of patrons per day: _____

5. Date and Time the food service establishments will be set-up: _____

_____

6. Describe garbage disposal: _____

Statement: I hereby certify that the above information and any attached forms and documents are correct, and I fully understand that in accordance with DPH Rule 511-6-1 -.08 (2)(a) 4 (i) through (iii), I am responsible for the following:

a. At least thirty days prior to the beginning of the temporary event/celebration, I will provide to the Local Health Authority a list of food vendors who will be allowed in the temporary event/celebration;
b. To ensure that only vendors permitted by the Local Health Authority are allowed to participate in the temporary event/celebration; and
c. To require any unauthorized or un-permitted food vendor found participating in the event to immediately leave the event premises and be charge with a violation of this Rule.

Additionally, I understand that non-compliance with DPH Rule 511-6-1 -.08 (2)(a) 4 (i) through (iii) is considered to be a violation of DPH Chapter 511-6-1 and as such and if found in violation of same, I may be subject to legal action as deemed necessary by the Local Health Authority.

If event is longer than one (1) day, please provide your daily operating schedule.

IT WILL BE THE ORGANIZER'S AND/OR PROPERTY OWNER'S RESPONSIBILITY TO ENSURE THAT ONLY VENDORS PERMITTED BY THE HEALTH AUTHORITY SHALL PARTICIPATE IN THE EVENT.

ANY UNAUTHORIZED OR UNPERMITTED VENDOR FOUND PARTICIPATING IN AN EVENT SHALL BE CHARGED WITH A VIOLATION OF THIS RULE, AND ORDERED BY THE ORGANIZER OR PROPERTY OWNER TO LEAVE THE EVENT PREMISES.

Onsite Coordinator's Name: _____

Onsite Coordinator's Phone : _____

Organizer's Name: _____

Organizer's Signature: _____ Date: _____