



Send application to the county where event will be held:
 Accomack County Health Dept. Northampton County Health Dept.
 P.O. Box 177 P.O. Box 248
 Accomac, VA 23301 Nassawadox, VA 23413
 757-787-5886 757-442-6228
 Fax 757-787-5841 Fax 757-442-4307
 *\$40.00 per year (make checks payable to Eastern Shore Health District)
 *No charge for non-profit organization with valid IRS EIN#
 *No charge for once a year operations for Accomack & Northampton residents

Temporary Food Establishment Application

	A COMPLETED APPLICATION AND ANY APPLICABLE APPLICATION FEE(S) MUST BE RECEIVED BY THE HEALTH DEPARTMENT AT LEAST TEN (10) CALENDAR DAYS PRIOR TO THE EVENT.	
<input type="checkbox"/> \$40.00	Temporary Food Establishment Application Fee	
<input type="checkbox"/> \$0.00	Temporary Food Establishment application fee for churches; fraternal, school and social organizations; and volunteer fire departments and resource squads that are exempt under §35.1-25 and §35.1-26 of the <i>Code of Virginia</i>.	
<input type="checkbox"/> \$0.00	Applicant with documentation of paying a Temporary Food Establishment Fee in the current calendar year.	
<input type="checkbox"/> \$0.00	Individual resident _____ locality participating in only one (1) temporary event per calendar year which is located in _____.	

Event Information

Event Name:

Event Coordinator/Phone Number/Email Address:

Event Location Address and Phone Number:

Dates of Event: _____ To _____ Rain Dates: _____ To _____

Vendor Information

Vendor Business Name (include any trade, fictitious or "doing business as" names):

Name of Owner:

Booth Name (if different from vendor name):

Vendor Address:

Vendor Phone Number/Email Address:

Onsite Person Name and Contact Email and Cell Phone:

Set-up Date and Time:

Dates of Operation:

For Office Use Only	Approved by:
Signature:	Date:

Food Preparation and Menu

Only the food items listed below will be approved to serve. Any changes must be approved by the local health department prior to the event. List all foods that will be served. Attach additional pages as needed.

[illegible]

Temporary Food Establishment Construction				
Overhead Covering	<input type="checkbox"/> Canvas	<input type="checkbox"/> Wood	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other:
Floor:	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other:
Walls (if applicable):	<input type="checkbox"/> Screens	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other:
Water Source <input type="checkbox"/> Permitted Waterworks/ Municipal Supply <input type="checkbox"/> Private Well		Wastewater Disposal (provided by): <input type="checkbox"/> Event Coordinator <input type="checkbox"/> TFE Operator		
Food Grade Hose Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		Disposal Method:		
Utensils and Equipment (check all that apply): <input type="checkbox"/> Single-Serve eating and drinking utensils <input type="checkbox"/> Multi use kitchen utensils		Handwashing Facilities (provided by): <input type="checkbox"/> Event Coordinator <input type="checkbox"/> TFE Operator		
Type of Utensil Washing Setup: <input type="checkbox"/> Three basin setup <input type="checkbox"/> Shared three compartment sink (if pre-approved) <input type="checkbox"/> Three compartment sink within a food establishment		Type of Handwashing Facilities <input type="checkbox"/> Self-contained portable unit (with potable water and wastewater holding tanks) <input type="checkbox"/> Plumbed with hot and cold water under pressure <input type="checkbox"/> Gravity-fed water with spigot/bucket		
Utensil sanitizer to be used: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Other: _____		<i>Hand soap, single-use towels, and trash receptacle shall be provided at all handwashing sinks.</i>		
Food Storage or Display Equipment: Identify all holding equipment (hot/cold) that will be used:		Cooking Equipment: Identify all cooking equipment that will be used:		
Toilet Facilities for Food Employees: <input type="checkbox"/> Event Coordinator <input type="checkbox"/> TFE Operator Method (if not provided by the event):		Electrical Supply: <input type="checkbox"/> Refrigeration or Freezer available <input type="checkbox"/> Lighting available		
Food Transportation: Identify how food will be transported to events:		Refuse Removal (provided by): <input type="checkbox"/> Event Coordinator <input type="checkbox"/> TFE Operator Method (if not provided by the event):		

I understand that a temporary food establishment permit will not be issued until it is verified that the application and information contain herein meets the Board of Health Food Regulations (Food Regulations) under 12 VAC5-421 et seq., any other pertinent local laws or ordinances, and has been signed and approved by the local health department. I attest to the accuracy of the information provided and agree to comply with the Food Regulations as it pertains to the operation of a temporary food establishment. I agree to allow access to the establishment during hours of operation and other reasonable times.

Applicant

Name: _____ Signature: _____

This form contains identifying information subject to disclosure per the Virginia Freedom of Information Act (Virginia Code § 2.2-3700 et seq.)

Ver. OEHS. 04/01/17