



COMMONWEALTH of VIRGINIA
THREE RIVERS HEALTH DISTRICT

**Virginia Department of Health Application for Temporary
 Food Event Permit**

Lancaster County Health Department
 P.O. Box 158; 9049 Mary Ball Road
 Lancaster, VA 22503

Phone: (804) 462-9919 Fax: (804) 462-6211

PLEASE READ AND PROVIDE THE FOLLOWING INFORMATION: 1.) Complete the entire form and sign certification. 2.) Payment, or proof of payment. 3.) Diagram of facility layout. Failure to provide the necessary information regarding your operation may delay the processing of your application.

***Important. Please Read Carefully *** Authorized by the 2002 General Assembly, the Commissioner of Health established a \$40 fee to be charged to temporary food establishments / vendor permit applicants for the first permit acquired during a calendar year (January 1- December 30.) A new application and permit are required for subsequent events within the calendar year; however, no additional fee is required if proof of payment is provided. Organizations that are exempt under the Code of Virginia 35, 1-25 and 35,1-26 are exempt from temporary permit fees regardless of the status of a temporary event.

(Please Print or Type)

DATE: _____

IS THIS APPLICATION BEING SUBMITTED FOR A NON-PROFIT GROUP? Yes No

RECEIPT #/ PROOF OF PREVIOUS PAYMENT _____

NAME OF ORGANIZATION: _____

MAILING ADDRESS: _____

ORGANIZATION REPRESENTATIVE: _____

TELEPHONE NUMBERS: (W) _____ (H) _____

NAME OF EVENT: _____

EVENT LOCATION: _____

DATE(S) OF OPERATION: _____ TIMES OF OPERATION: _____ To _____

**You must be set-up completely and ready for inspection 1 hour prior to above start time*

READY FOR INSPECTION AT: _____

TYPE OF FACILITY: _____

**Must have overhead coverage (Tent, Booth, Trailer, Kitchen, etc.)*

HAVE ANY MEMBERS ATTENDED A FOOD SAFETY TRAINING CLASS? Yes No

WHEN? _____

DO YOU HAVE A VALID STATE HEALTH PERMIT TO OPERATE A RESTAURANT OR COMMISSARY? Yes No

***NEED SANITIZER TEST STRIPS AND THERMOMETERS**

<u>Handwashing Station</u>	<u>Condiments How Served</u>	<u>List all utensils How cleaned Describe sanitizer</u>	<u>Refrigeration Type</u>	<u>List all cooking equipment</u>
Example: Water Dispenser, Soap Dispenser, Paper Towels, & Catch Basin for Waste Water	Prepackaged mustard, catsup, etc.	Individual Pans (3) Set up as Wash/Rinse/Sanitize	Reach-in refrigerator, Cooler with ice Must Hold Food at 41 ° F or Below	Electric grill, steam table, deep fat fryer, hot plate

***APPLICATIONS MUST BE SUBMITTED TO THIS OFFICE NO LESS THAN TEN (10) WORKING DAYS PRIOR TO THE EVENT.**
Please notify this office (804) 462-9919 of any changes in your application (i.e., Additional menu items, etc.).

Certification

I have read the attached instructions, understand them, and will comply with their requirements. I understand that failure to comply may result in the denial or suspension of the health permit, as per Part 12 VAC 5-421-3750, Virginia Department of Health Food Regulations 2002.

Operator

Date

PLEASE INCLUDE A DIAGRAM OF THE FACILITY LAYOUT. An example is provided with this application.