



# ONSLOW COUNTY

N O R T H C A R O L I N A

## HEALTH DEPARTMENT

### EVENT ORGANIZER APPLICATION

This application must be completed and submitted to the Onslow County Health Department to provide information about all food preparation and sales to the public at any public event or exhibition within Onslow County. In addition to this organizer application, a separate Food Vendor Application must be submitted by each food service vendor participating in the event or exhibition. This application must be submitted with a map of the event site indicating the location of all the food booths. Please note:

- This application and map should be submitted within 20 days prior to the event.
- Food Vendor Applications must be submitted no later than 15 days prior to the event.

1. Organizer Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Organizer Phone: (8 am-5 pm): \_\_\_\_\_ Cell Number: \_\_\_\_\_

4. Email address: \_\_\_\_\_

5. Name of event: \_\_\_\_\_

6. Event location: \_\_\_\_\_

7. Dates and times of event: \_\_\_\_\_

8. **If multi-day event, will mobile food units be allowed to return to their commissary at the end of each day?** Yes [ ] No [ ]

9. On-site coordinator(s) contact information.

Name	Responsibility	Contact Number(s)

10. Number of people expected to attend (event total): \_\_\_\_\_

11. Number of food booth/mobile food unit/tents: \_\_\_\_\_



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12. Time of food booth/mobile food unit/pushcart/tents set-up: \_\_\_\_\_

13. Will the organizer be supplying water to food booths?  Yes  No

If yes, what is source of water? \_\_\_\_\_

14. Will the organizer be supplying electricity to the food booths?  Yes  No

If yes, describe: \_\_\_\_\_

15. Describe liquid waste/grease disposal method and schedules for pick-up. \_\_\_\_\_

16. Describe garbage disposal method and schedules for pick-up. \_\_\_\_\_

17. Number of toilet facilities provided? \_\_\_\_\_ Type: \_\_\_\_\_

18. Number of hand wash facilities provided? \_\_\_\_\_

19. **Attach a list of proposed food vendors with the name, address, and daytime phone number for each operator.**

20. Attach a map of the event grounds showing locations for each food booth, toilet facilities, etc.

Signature of Organizer: \_\_\_\_\_

Date: \_\_\_\_\_

Mail to: Onslow County Environmental Health  
234 NW Corridor Blvd.  
Jacksonville, NC 28540  
Phone: (910) 938-5851  
Fax: (910) 989-5819  
Email: [Environmental\\_Health@onslowcountync.gov](mailto:Environmental_Health@onslowcountync.gov)