

Gwinnett County Health Department
Environmental Health Section

ORGANIZER'S APPLICATION for TEMPORARY FOOD SERVICE

It will be the organizer's and/or property owner's responsibility to ensure that only vendors permitted by the Health Authority are allowed to participate in the event. Any unauthorized or un-permitted vendor found participating in an event shall be charged with a violation and be ordered by the organizer or property owner to leave the event premises.

APPLICATION DATE

EVENT ORGANIZER INFORMATION
Name
Address
Phone Number
Alternate Phone Number
Email Address

EVENT INFORMATION
Event Name
DATES OF EVENT
Beginning Date Ending Date
Location of Event
Hours of Operation

VENDORS
Number of Venders/Booths
List of Venders -- attach a list of all food venders you have scheduled for the event. The list must include their names and contact information.

I fully understand that I must abide by the requirements of the Health Authority and the Food Service Code 290-5-14-.08(2).
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SIGNATURE
PRINT NAME