## HARNETT COUNTY EVENT COORDINATOR APPLICATION

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event.

In addition to this Coordinator Application, a separate Temporary Food Establishment Permit Application must be submitted by each food vendor.

All applications (coordinator & vendor) & food vendor permit fees must be received by Harnett County Environmental Health, 307 W. Cornelius Harnett Blvd., Lillington, NC 27546 at least 15 calendar days prior to the event.

Fax: 910-893-9371

Phone: 910-893-7547

NAME OF EVENT: EMM Denim Days

Location / Address of Event: 200 N BH St

Date(s) of Event: Starts on 10/1/22 (MM/DD/YY) at 10 (a.m) p.m.

Ends on 10/1/22 (MM/DD/YY) at 4 a.m. (p.m)

TYPE OF EVENT (Circle):

Fair Festival Carnival Public Exhibition Other

> EVENT COORDINATOR OR ORGANIZER

NAME OF COORDINATOR: Shevel Hamon FACC

Mailing Address: POBOX (p56 city/State/Zip EMM NC28339)

Phone: Mobile ( ) 9/9 7 7 3 (p407 Home ( ) 9/0 59/1 4207

Email Address: Contact a from

FOOD SERVICE INFORMATION	
1. Will The E	Event Provide Potable Water To Food Vendors? Yes ( ) No ( )
If yes	, what is the source of supply?
2. Power Su	pply (check all that apply):
9	Event will allow continuous access to electricity on site  Vendors are allowed to continuously run generators on site  There will be no electricity supplied on site
3. Liquid Waste / Grease Disposal:	
<b>S</b> .	Event will provide grey water / liquid waste receptacles on site  Vendors must collect and remove their own grey water / liquid waste  Event will provide grease receptacles on site  Vendors must collect and remove their own grease
4. Restroom Facilities:	
6	Public restrooms Number provided:  Portable toilets Number provided:  4
<ol> <li>Attach a list of all proposed food vendors including for profits, non-profits and free food stands.</li> <li>Please include a contact name and phone number for each.</li> </ol>	
6. Attach a sketch of the event grounds showing locations of the following:	
	Food vendors Portable toilets Water hookup Liquid waste disposal
> STATEMENT	
I certify the information I have provided in this application is complete and accurate. I understand that any deviation from approved plans without prior permission from Harnett County Environmental Health may nullify final approval and may prevent issuance of TFE permits to food vendors. I understand that a pre-opening inspection of each food vendor is required and if the food vendor is not in compliance with 15A NCAC 18A .2665 a temporary food establishment permit will not be issued.  Signature	