



Guilford County Department of Health & Human Services
Division of Environmental Health
1203 Maple Street, 3rd Floor
Greensboro, NC 27405
(336) 641-3771

Application for a Special Event

Special Event: _____

Event Location/Address: _____

Event Date(s): _____ Time of Event: _____

Controlling Sponsor/Contact: _____

Full Address: _____

Phone: (_____) _____ Fax #: (_____) _____

E-Mail: _____

Other Event Coordinators/Responsible Individuals:

Name of Sponsor: _____ Responsibility: _____

Phone #: (_____) _____ Fax #: (_____) _____

E-Mail: _____

Name of Sponsor: _____ Responsibility: _____

Phone #: (_____) _____ Fax #: (_____) _____

E-Mail: _____

Name of Sponsor: _____ Responsibility: _____

Phone #: (_____) _____ Fax #: (_____) _____

E-Mail: _____

Name of Sponsor: _____ Responsibility: _____

Phone #: (_____) _____ Fax #: (_____) _____

E-Mail: _____

EVENT INFORMATION

Estimated Attendance: _____ Admittance: _____ Tickets _____ Open _____

Number of Toilet Facilities Provided: _____ Types: _____

Source of Water Supply (public or private): _____

If private, Water Supply Tested: _____ Yes _____ No If yes, Date(s): _____

Source of Ice: _____

Method of Providing Drinking Water: _____

Handwash Facilities Provided: _____

Electricity Provided to each Food Vendor: _____ Yes _____ No

Water Provided to Each Food Vendor: _____ Yes _____ No

Liquid Waste Disposal Methods: _____

Solid Waste Collection & Disposal: _____

Pick Up Times: _____

ITEMS TO ACCOMPANY THIS FORM

- 1) Map of the Special Event area indicating the location of the following:
 - Control and Communications Center
 - First Aide Area
 - Each Food Vendor
 - Toilets
 - Solid Waste Containers
 - Liquid Waste Disposal Sites
 - Ice Stations
 - Water Supply
 - Handwashing Facilities

- 2) List of proposed food vendors
Each food vendor must contact the Health Department to gain operational pre-approval within 30 days of the event or may be unable to participate.