

County of Dinwiddie

BOARD OF SUPERVISORS

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COUNTY ADMINISTRATOR

W. KEVIN MASSENGILL

FOUNDED 1752

Dear Special Event Applicant:

Attached please find the Dinwiddie County Application For Special Event Permit and pertinent attachments. **APPLICATION MUST BE SUBMITTED TO THE COUNTY ADMINISTRATOR NO FEWER THAN 30 DAYS PRECEDING THE DATE OF THE EVENT.**

Dinwiddie County's special event ordinances are contained in Article II, Special Events, of Chapter 3, Amusements, of the Dinwiddie County Code. Specifically, Section 3-27 of the Code requires a **special entertainment permit be issued in order for any person to stage, promote or conduct any special event in the County**. Section 3-16 of the Code defines a "special event" as "a preplanned event to be held in the county for purposes of entertainment, celebration, amusement, cultural recognition, amateur sports, demonstrations of skill, competition, or similar activities, sponsored by an individual, group, and/or organization, entry to which is either (1) **open to the general public** or (2) **on the basis of paid admissions or solicited contributions**." Special events may significantly impact public property, normal vehicle and pedestrian traffic, and/or the safety of citizens and visitors, thus mandating the use of county services. Preapproval and advisement by appropriate county staff is required. "Special events" may include, but are not limited to: circuses, carnivals, foot races, bike races, parades/marches, festivals, concert series, music festivals, celebrations, tours, car shows, street dances, sidewalk sales, air shows, and turkey shoots".

The form and attachments are as follows – please complete all that apply to your event:

APPLICATION FORM: – PAGES 1-3: Pages 1-2 to be completed by Applicant. Page 3 County Use Only

ATTACHMENT: **ATTACHMENT FOR SPECIAL EVENT VENDOR LICENSE APPLICATION** – 1 page

ATTACHMENT: **APPLICATION FOR OPERATION OF TURKEY SHOOT** – 1 page (Only if applies)

ATTACHMENT: **ATTACHMENT FOR MULTIPLE EVENTS** – 1 Page (Only if applies)

ATTACHMENT: **MEMO FROM SHERIFF ADAMS**– 1 Page

ATTACHMENT: **GUIDELINES FOR ONE DAY ABC LICENSES** – 1 Page

ATTACHMENT: **TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION PACKET** - Pages 1-9
(Applications and fees must be received by the Health Department at least 10 business days prior to the temporary event.)

Please complete application form and all attachments that apply to your event and return either in person, email or by regular mail to: Attn: Wanda Nester, P. O. Drawer 70, Dinwiddie, VA 23841. If you have any questions, I can be reached at 804-469-4500 x2103 or by e-mail at wnester@dinwiddieva.us . Thank you.

Sincerely,

Wanda J. Nester
Clerk to the Board /Executive Assistant
to the County Administrator



DINWIDDIE COUNTY

14016 Boydton Plank Road

Dinwiddie, Virginia 23841

Phone: (804) 469-4500

Fax: (804) 460-4503

APPLICATION FOR SPECIAL EVENT PERMIT

APPLICATIONS FOR SPECIAL EVENT PERMITS MUST BE SUBMITTED TO THE COUNTY ADMINISTRATOR NO FEWER THAN 30 DAYS PRECEDING THE DATE OF THE EVENT.

1. REASON PERMIT REQUIRED: (CHECK ALL THAT APPLY)

OPEN TO GENERAL PUBLIC

ADMISSION CHARGED (AMOUNT OF CHARGE: \$ _____ per _____)

CONTRIBUTION COLLECTED (SUGGESTED CONTRIBUTION \$ _____ per _____)

2. APPLICANT INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

3. EVENT INFORMATION: (FOR MULTIPLE EVENTS, PLEASE COMPLETE ATTACHMENT)

DESCRIPTION OF EVENT: _____

DATE & TIME OF EVENT: _____

NUMBER OF TICKETS TO BE SOLD: _____ NUMBER OF EXPECTED ATTENDEES: _____

LOCATION OF EVENT (ADDRESS): _____

IS APPLICANT PROPERTY OWNER? YES NO *IF NO, PLEASE ATTACH A NOTARIZED LETTER FROM THE PROPERTY OWNER AUTHORIZING USE OF THE PROPERTY FOR THE EVENT.*

IS THERE A PROMOTER OF THIS EVENT? YES NO IF SO:

NAME: _____ ADDRESS: _____

PHONE: _____ E-MAIL: _____

SPONSORSHIP OF EVENT: _____

PERFORMERS (IF ANY): _____

WILL ALCOHOL BE SERVED OR CONSUMED? YES NO TYPES: _____

IF YES, PLEASE ATTACH A COPY OF THE VIRGINIA ALCOHOL BEVERAGE CONTROL LICENSE. IF BEING SOLD, DINWIDDIE COUNTY BANQUET LICENSE MUST ALSO BE OBTAINED.

By signing below, I pledge and certify the following:

1. I hereby certify that the information on this form and the documents provided for support are accurate, true and correct to the best of my knowledge and belief.
2. I pledge to hold the special event described on this application in accordance with all applicable federal, state, and local laws and regulations.
3. I authorize the county administrator; his lawful agents, including but not limited to those officials approving plans and providing certifications as required by the Dinwiddie County Code, and duly constituted law-enforcement officers to go upon the property at any time for the purpose of determining compliance with all applicable federal, state, and local laws and regulations.

Signature of Applicant

Date

APPLICATION FOR SPECIAL EVENT PERMIT
ATTACHMENT I: PLANS, CERTIFICATIONS AND STATEMENTS

1. BUILDING INSPECTIONS / SAFETY INFORMATION

WILL YOU BE INSTALLING ELECTRICAL DEVICES? YES NO
TENTS: YES NO QUANTITY _____ SIZE _____ FLAPS: UP DOWN
BLEACHERS: YES NO OUTDOOR LIGHTING: YES NO
AMUSEMENT RIDES: YES NO (Description) _____

2. COMMISSIONER OF THE REVENUE

I anticipate owning/requiring the following: (check and complete all that apply)

BUSINESS LICENSE: Who will receive the proceeds of the event? _____
If a nonprofit organization, what is the organization's EIN? _____

ADMISSIONS TAX: Ticket Price: _____

If special event is to be held at a park, park receives:

- Upfront amount from ticket sales of \$ _____ per ticket; and/or
- Percentage amount from ticket sales of _____%; and/or
- Flat fee of \$ _____.

MEALS TAX: If food will be available, will it be sold or provided free of charge? (if food will be sold, please attach a price list.)

Will there be vendors at the event? Yes No (if yes, please submit a completed vendor list that includes name, address, phone & e-mail)

SPECIAL EVENT VENDOR LICENSE: Yes No (application included in this package)

TRANSIENT OCCUPANCY TAX: Will overnight stays (campers, RV's, etc.) be allowed? Yes No

I have the necessary forms for each of the taxes / licenses checked above. Yes No

3. FOOD / SANITATION, TRASH & GARBAGE / OUTDOOR LIGHTING

PLEASE INDICATE PLAN FOR GARBAGE, TRASH & SEWAGE DISPOSAL: _____

HEALTH DEPARTMENT FORM ATTACHED - MUST BE COMPLETED IF FOOD IS BEING SERVED OR COOKED.

4. FIRE AND MEDICAL SERVICES (DINWIDDIE COUNTY FIRE & EMS):

Please Note: Dinwiddie County Fire and EMS must be notified of the event prior to it being held. If it is deemed necessary to have on-site medical or fire protection it will be arranged through that office.

5. SECURITY, TRAFFIC AND PARKING:

In accordance with the County's Security Policy, _____ deputies/security officers ARE required for this event. (See attached letter from Sheriff.)

I request _____ deputies at \$35 per deputy per hour, or \$ _____ total; or

I will provide my own security officers. (It is understood that all security officers MUST possess a DCJS certification card and present it anytime requested by law enforcement.)

Additional requirements: _____

FOR COUNTY USE ONLY:

1. **BUILDING INSPECTION/SAFETY INFORMATION**

Building Official

2. **COMMISSIONER OF THE REVENUE**

Commissioner of the Revenue

3. **FOOD / SANITATION, TRASH & GARBAGE / OUTDOOR LIGHTING**

Health Department Official

4. **FIRE AND MEDICAL SERVICES**

Dinwiddie County Division Chief, Fire and EMS

5. **SECURITY, TRAFFIC AND PARKING**

Dinwiddie County Sheriff

6. **ZONING:** I certify that the special event as planned will comply with the County's zoning ordinance

Dinwiddie County Zoning Administrator

7. **DELINQUENT TAXES:** I certify that the applicant is not delinquent on any County taxes.

Dinwiddie County Treasurer

8. **AT DISCRETION OF COUNTY ADMINISTRATOR:**

(A.) **DEPOSIT FOR ADDITIONAL SECURITY SERVICES:** Due to the nature of the special event, a deposit for additional security services is is not required prior to permit issuance.

Amount: \$ _____

(B.) **BOND:** Due to the nature of the special event, a bond is is not required prior to permit issuance.

Amount: \$ _____

C. **INSURANCE:**

Dinwiddie County Administrator

DISPOSITION OF APPLICATION:

APPROVED

APPROVED with condition(s): _____

DENIED for the following reason(s): _____

Date of denial letter: _____

Dinwiddie County Administrator

Date

County of Dinwiddie
Office of the Commissioner of the Revenue
P O Box 104
Dinwiddie VA 23841
Special Event Vendor License Application

EVENT

LOCATION

DATE

NAME OF BUSINESS:

NAME OF APPLICANT:

I.D. NUMBER OF APPLICANT: HOME TELEPHONE:

OWNER OF BUSINESS:

ADDRESS OF APPLICANT:

BUSINESS ADDRESS:

FEDERAL IDENTIFICATION NUMBER: BUSINESS TELEPHONE:

SALES TAX NUMBER:

BRIEF DESCRIPTION OF BUSINESS:

IF DISPLAY ONLY-NO FEE
PLEASE RETURN EVEN IF NOT ATTENDING

SPECIAL EVENT LICENSE FEE \$50.00

OATH: I, THE UNDERSIGNED APPLICANT, DO SWEAR (OR AFFIRM) THAT THE FOREGOING INFORMATION IS TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SWORN (OR AFFIRMED) BY ME THIS DAY OF

SIGNATURE OF APPLICANT FOR LICENSE

CHECK NUMBER OR CASH AMOUNT \$50.00

DINWIDDIE COUNTY RECEIPT NUMBER:

RECEIVED BY:

LORI K. STEVENS, COMMISSIONER OF THE REVENUE OR TREASURER, DINWIDDIE COUNTY



ATTACHMENT TO SPECIAL EVENT PERMIT

APPLICATION FOR OPERATION OF TURKEY SHOOT IN DINWIDDIE COUNTY

TYPE OF RANGE: INDOOR OUTDOOR

TYPE OF WEAPONS: RIFLE CALIBER: _____ PISTOL CALIBER: _____
 SHOTGUN: _____

HOURS OF OPERATION: FROM: _____ TO: _____

BUILDING: (IF INDOOR RANGE):

WALLS MADE OF: _____ CEILINGS MADE OF: _____

BACKSTOP MADE OF: _____

THICKNESS: _____ INCHES WIDTH: _____ FEET HEIGHT: _____ FEET

OUTDOOR RANGE:

DISTANCE FIRING POINTS FROM NEAREST RESIDENCE: _____ feet

DISTANCE FIRING POINTS FROM NEAREST BUSINESS: _____ feet

DISTANCE FIRING POINTS FROM NEAREST OTHER BUILDING: _____ feet

NAME KIND OF OTHER BUILDING: _____

DISTANCE BACKSTOP FROM NEAREST RESIDENCE: _____ feet

DISTANCE BACKSTOP FROM NEAREST BUSINESS: _____ feet

DISTANCE BACKSTOP FROM NEAREST OTHER BUILDING: _____ feet

BACKSTOP MADE OF _____ THICKNESS: _____ feet

WIDTH: _____ feet HEIGHT: _____ feet

IMPACT AREA CONSISTS OF: _____ EXTENDING: _____ feet

NEAREST BUILDING BEHIND BACKSTOP IS A : _____ & IS: _____ feet away

ATTACH SKETCH OF RANGE AND IMPACT AREA SHOWING BUILDINGS, ETC.



**MULTIPLE EVENTS ATTACHMENT
(MUST BE HELD AT A SINGLE LOCATION)**

THIS FORM MUST BE COMPLETED FOR EACH EVENT PLANNED THROUGHOUT THE CALENDAR YEAR – IF ALL DATES ARE NOT KNOWN AT THIS TIME, NOTIFY WANDA NESTER AT 804-469-4500 x2103 or via e-mail at wnester@dinwiddieva.us NO LATER THAN 30 DAYS PRIOR TO EACH PROPOSED SPECIAL EVENT.

(Please copy and attach as many forms as needed.)

1. EVENT INFORMATION:

DESCRIPTION OF EVENT: _____
DATE & TIME OF EVENT: _____
NUMBER OF TICKETS TO BE SOLD: _____ NUMBER OF EXPECTED ATTENDEES: _____
IS THERE A PROMOTER OF THIS EVENT? YES NO IF SO: NAME: _____ E-MAIL: _____
ADDRESS: _____ PHONE: _____
SPONSORSHIP OF EVENT: _____ PERFORMERS (IF ANY): _____
WILL ALCOHOL BE SERVED? YES NO TYPES: _____

IF YES, PLEASE ATTACH A COPY OF THE VIRGINIA ALCOHOL BEVERAGE CONTROL LICENSE. IF BEING SOLD, DINWIDDIE COUNTY BANQUET LICENSE MUST ALSO BE OBTAINED.

2. EVENT INFORMATION:

DESCRIPTION OF EVENT: _____
DATE & TIME OF EVENT: _____
NUMBER OF TICKETS TO BE SOLD: _____ NUMBER OF EXPECTED ATTENDEES: _____
IS THERE A PROMOTER OF THIS EVENT? YES NO IF SO: NAME: _____ E-MAIL: _____
ADDRESS: _____ PHONE: _____
SPONSORSHIP OF EVENT: _____ PERFORMERS (IF ANY): _____
WILL ALCOHOL BE SERVED? YES NO TYPES: _____

IF YES, PLEASE ATTACH A COPY OF THE VIRGINIA ALCOHOL BEVERAGE CONTROL LICENSE. IF BEING SOLD, DINWIDDIE COUNTY BANQUET LICENSE MUST ALSO BE OBTAINED.

3. EVENT INFORMATION:

DESCRIPTION OF EVENT: _____
DATE & TIME OF EVENT: _____
NUMBER OF TICKETS TO BE SOLD: _____ NUMBER OF EXPECTED ATTENDEES: _____
IS THERE A PROMOTER OF THIS EVENT? YES NO IF SO: NAME: _____ E-MAIL: _____
ADDRESS: _____ PHONE: _____
SPONSORSHIP OF EVENT: _____ PERFORMERS (IF ANY): _____
WILL ALCOHOL BE SERVED? YES NO TYPES: _____

IF YES, PLEASE ATTACH A COPY OF THE VIRGINIA ALCOHOL BEVERAGE CONTROL LICENSE. IF BEING SOLD, DINWIDDIE COUNTY BANQUET LICENSE MUST ALSO BE OBTAINED.



D. T. "DUCK" ADAMS
DINWIDDIE COUNTY
SHERIFF'S OFFICE
P.O. BOX 120
DINWIDDIE, VIRGINIA 23841
(804) 469-4550

TO: COUNTY ADMINISTRATOR
FROM: D. T. "DUCK" ADAMS, SHERIFF
REF: AMENDED SECURITY AND PARKING REQUIREMENTS FOR
SPECIAL EVENTS

IT IS THE POLICY OF THIS OFFICE TO REQUIRE SECURITY AT SPECIAL EVENTS IN ACCORDANCE WITH THE FOLLOWING GUIDELINES.

EVENTS WHERE ALCOHOL IS TO BE CONSUMED OR DISPENSED:
SECURITY WILL BE REQUIRED AS FOLLOWS:

- 0 (ZERO) OFFICERS – ANY EVENT EXPECTING UNDER 200 PERSONS
 - 2 (TWO) OFFICERS – ANY EVENT EXPECTING 200 TO 499 PERSONS
 - 3 (THREE) OFFICERS – ANY EVENT EXPECTING 500 TO 999 PERSONS
 - 1 (ONE) ADDITIONAL OFFICER FOR EACH 1,000 PERSONS EXPECTED TO ATTEND
- EXAMPLE: 1000 TO 1999 WOULD REQUIRE (4) FOUR OFFICERS

EVENTS WHERE NO ALCOHOL IS TO BE CONSUMED OR DISPENSED:
SECURITY WILL BE REQUIRED AS FOLLOWS:

- 0 (ZERO) OFFICERS – ANY EVENT EXPECTING UNDER 500 PERSONS
 - 2 (TWO) OFFICERS – ANY EVENT EXPECTING 500 TO 1,000 PERSONS
 - 3 (THREE) OFFICERS – ANY EVENT EXPECTING 1,000 TO 2,000 PERSONS
 - 1 (ONE) ADDITIONAL OFFICER FOR EACH 1,000 PERSONS EXPECTED TO ATTEND
- EXAMPLE: 2001 TO 3000 WOULD REQUIRE (4) FOUR OFFICERS

IF THE EVENT IS TO BE HELD AT A LOCATION THAT THE OFFICER IS NOT FAMILIAR WITH, THE OFFICER SHALL VISIT THE LOCATION PRIOR TO THE SIGNING OF THE SECURITY FORM TO ASSURE ADEQUATE PARKING IS AVAILABLE FOR THE EXPECTED NUMBER OF VEHICLES.

COMPENSATION OF EACH SECURITY OFFICER WILL BE \$35.00 PER HOUR WITH A TWO (2) HOUR MINIMUM PAYABLE TO TREASURER, DINWIDDIE COUNTY.

ALL SECURITY FORMS MUST BE SIGNED BY SHERIFF ADAMS, MAJOR KNOTT, OR CAPTAIN KENNEDY.


D. T. "DUCK" ADAMS, SHERIFF

GUIDELINES FOR ONE DAY ABC LICENSES

REASONS LICENSE(S) ARE REQUIRED:

1. Alcoholic beverage will be sold.
2. Food or refreshments provided for compensation.
3. A fee to attend that will include:
Food / Refreshments / Alcoholic Beverage
4. Event held in public place or on club premise.
5. Events open to public.
6. Restaurant (Non-ABC Licensed Premises)
7. Alcoholic beverage will be purchased for resale from wholesale licensee. Also, wholesale licensee may provide equipment and serve alcoholic beverage.

IF YOU HAVE ANY QUESTIONS CONCERNING THE GUIDELINES/QUALIFICATIONS, YOU MAY CONTACT A LOCAL ABC SPECIAL AGENT FOR CLARIFICATION OR E-MAIL enforcement@abc.virginia.gov RICHMOND OFFICE TELEPHONE NUMBER: (804) 213-4624

Special Event License Fee Schedule Effective July 1, 2005

LICENSE TYPE	QUALIFICATIONS	AUTHORIZES	LICENSE FEES
Banquet	Issued to an individual for a PRIVATE event, guests by invitation. Event NOT for personal monetary gain.	Beer and/or wine sales; complimentary beer, wine or mixed beverages, BYOB	\$40 - State license fee + \$15 - Nonrefundable fee \$55 - Single-day rate + \$40 - Each additional day
Banquet-Special Event	Issued to a duly organized nonprofit corporation or association. A public or private event, conducted for an athletic, charitable, civic, educational, political or religious purpose. Event NOT for personal monetary gain.	Beer and/or wine sales; BYOB	\$40 - State license fee + \$15 - Nonrefundable fee \$55 - Single-day rate + \$40 - Each additional day
Mixed Beverage Special Event	Same as Banquet-Special Event. (Wine/beer are not included with this license and will require an additional payment of \$55 if being sold.)	Mixed drink sales (in approved localities)	\$45 - State license fee + \$15 - Nonrefundable fee \$60 - Single-day rate + \$45 - Each additional day
Tasting License	Sale or giving of samples for the purpose of featuring and educating the consuming public about the alcoholic beverages being tasted.	Beer or wine or mixed beverages (in approved localities)	\$40 - State license fee + \$15 - Nonrefundable fee \$55 - Single-day rate + \$40 - Each additional day
Mixed Beverage Club Event	Issued to a club holding a beer or wine and beer club license.	On premise sale and consumption of mixed drinks by club members / guests in approved areas on the club premises.	\$35 - State license fee + \$15 - Nonrefundable fee \$50 - Single-day rate + \$35 - Each additional day
Manufacturer's Multi-day Banquet Special Event	Issued only to manufacturers of beer or wine	One banquet license for a special event lasting no more than three consecutive days.	\$100 - State license fee + \$15 - Nonrefundable fee \$115 - Three-day rate

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION PACKET

A **Temporary Food Establishment** as defined in the Virginia Food Regulations 12 VACS 5-421-10 is a food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event or celebration.

To apply for a temporary food establishment permit:

1. COMPLETE AND SUBMIT AN APPLICATION FORM (PAGES 6 - 9) FOR EACH EVENT AND FOR EACH BOOTH AT EACH EVENT AT LEAST 10 BUSINESS DAYS PRIOR TO THE EVENT. AN INCOMPLETE APPLICATION WILL BE RETURNED. A RAIN DATE OR "NOT APPLICABLE" MUST BE ENTERED. APPLICATIONS MUST BE SUBMITTED TO THE HEALTH DEPARTMENT IN WHICH THE EVENT IS LOCATED.
2. Temporary Food Establishments: A \$40 permit fee will be charged to the temporary food establishment permit applicant for the first permit he or she acquires during the year. Additional fees will not be charged for future temporary permits. The permit holder should retain the receipt showing the fee has been paid and show it to local health departments when he or she applies for permits later in the year. If an applicant cannot produce a receipt, and the local health department cannot verify that a fee has been paid that calendar year, then a \$40 fee will be charged. If the applicant later produces a receipt showing that he or she previously paid a fee, then the latter fee will be refunded. Organizations that are exempt under the *Code of Virginia* S35.1-25 and S35.1-26 are exempt from temporary permit fees even if they are participating in a non-exempt temporary event.
Individuals who prepare and serve food in only one temporary event per year, and that event is within the locality in which they reside, are exempt from the fee. This exemption applies only to individuals, not to corporations or organizations. If they participate in more than one event, or the event is not in their home locality, they must pay the fee.
3. If you have successfully completed the Crater Health District's Basic Food Service Course within the last three (3) years, include a copy of your Completion Certificate with your application. Information on the course can be obtained by calling the local health department listed below.
4. If you are using a permitted mobile food unit, submit a copy of that permit. The fee is not required.

Applications and fees must be received by the Health Department at least (10) business days prior to the temporary event. Please send the completed applications(s) and fee(s) to the below Health Department:

Emporia/Greenville Health Department

Attn: Lisa Latham
140 Uriah Branch Way
Emporia, VA 23847
Phone: (434)348-4210 X 224
Fax: (434)348-4281

- In this application packet you will find information on Hand Washing Facilities, Kitchenware Washing Procedures, and a self-inspection form. The Virginia Board of Health Food Regulations require that proper facilities be available for hand washing, kitchenware washing, over-head protection, ground covering, and proper storage of hot and cold foods. Additional information on preparing and serving food safely will be provided upon request. Applicants are encouraged to take a food safety course.
- A long stem metal thermometer scaled from 0° - 220°F and sanitizer test strips is required.
- Use the self-inspection form, pages 3-4, to ensure that you are prepared and have met the requirements of the Regulations.
- Please **keep** pages 1 through 5 for your use and **return** pages 6 through 9 (the application) to the Health Department.

An Environmental Health Specialist reviews your application and will call to discuss your operation and obtain additional information if **needed**. If there are no additional questions, **they will see you the day of the event**. Permits for Temporary Events are issued by the Health Department on the day of the event, prior to the start of the food operations.

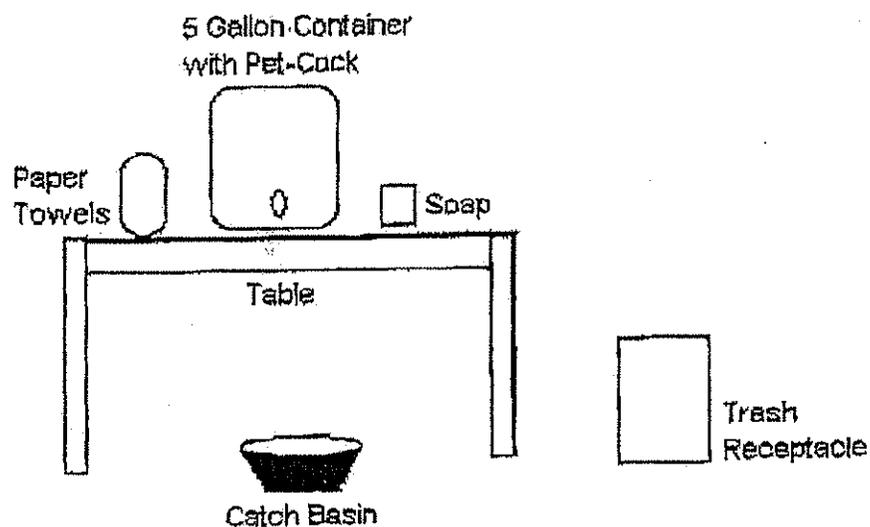
If you have any questions, please call us at the above phone number. We look forward to working with you!

SELF INSPECTION FORM

	AREA OF CONCERN
<input type="checkbox"/>	1. Review Temporary Restaurant Policy
<input type="checkbox"/>	2. Review proper food handling practices and employee hygiene requirements
<input type="checkbox"/>	3. Food Source: approved, in sound condition, no spoilage
<input type="checkbox"/>	4. Potentially hazardous foods kept at proper temperature during transportation, storage, preparation, cooking, display, and service
<input type="checkbox"/>	5. Food protected from contamination: wrapped, sneeze guards/shields, 6"+ off the ground. Food protected from insects, rodents, birds, and animals.
<input type="checkbox"/>	6. Facilities provided to maintain product temperatures (refrigerator, freezer, drained coolers w/ ice, etc.) Cold: 41°F or below. Hot: 135°F or above
<input type="checkbox"/>	7. Thermometers provided: dial probe or digital thermometer for taking product temps, indicating thermometers for refrigeration units.
<input type="checkbox"/>	8. Ice storage adequate, 6"+ off the ground, self-draining with catch basin, scoop stored in ice with the handle extended
<input type="checkbox"/>	9. Good employee hygiene; proper hand washing; proper use of gloves; no illness; etc.
<input type="checkbox"/>	10. Proper hair restraints; clean clothing; no artificial nails; no jewelry
<input type="checkbox"/>	11. Equipment cleaned thoroughly <u>PRIOR TO THE EVENT</u> , kept clean, stored properly
<input type="checkbox"/>	12. Proper facilities to wash, rinse, and sanitize equipment and utensils. MUST HAVE HOT WATER. Wash basins should be large enough to accommodate the biggest item to be washed.
<input type="checkbox"/>	13. Sanitizer with appropriate test strips, i.e., chlorine bleach and chlorine test strips.
<input type="checkbox"/>	14. Single service items stored and dispensed in plastic sleeve, utensils dispensed with handles up.
<input type="checkbox"/>	15. Water source approved; Hot and cold water provided; food grade hoses used.
<input type="checkbox"/>	16. Approved and adequate disposal of sewage and all waste water
<input type="checkbox"/>	17. Hand washing facilities: hot water, soap, paper towels, catch basin, wastebasket.
<input type="checkbox"/>	18. Adequate collection and disposal of grease and garbage.

<input type="checkbox"/>	19. Overhead protections (tent, pavilion, etc.); Lighting adequately shielded. Check with fire marshal regarding fire retardant material and use of gas, propane, etc.
<input type="checkbox"/>	20. Public access to cook area, storage area, and service area completely restricted.
<input type="checkbox"/>	21. Wiping cloths: clean, stored in sanitizing solution, use restricted to employees only. Alternative to wiping cloths: paper towels and a spray bottle of sanitizing solution.
<input type="checkbox"/>	22. Toxic items labeled and stored separately from food and single service items. No pesticides stored or used on site.

HAND WASHING FACILITY SET-UP

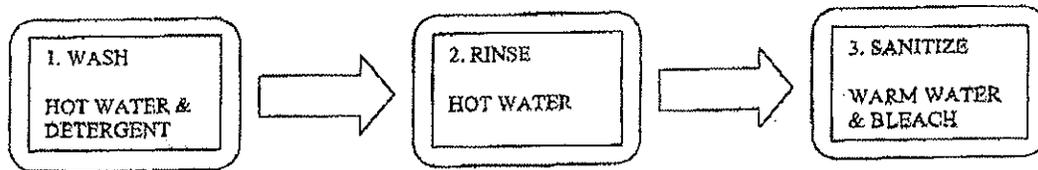


The most common cause of contamination during food preparation and serving is unclean hands. For this reason, hand washing facilities are a must. Facilities must be designed to provide unaided, easy hand washing under a continuous flow of running water. Water spigots of the push-button type will not be allowed.

THE HOW-TO'S OF HANDWASHING

1. Wet hands
2. Apply soap
3. Briskly rub hands for twenty (20) seconds
4. Scrub fingertips and between fingers
5. Scrub forearm to just below elbow
6. Rinse forearms and hands
7. Dry hands and forearms with a disposable paper towel
8. Turn off water with paper towel
9. Discard paper towel

KITCHENWARE WASHING PROCEDURE



After washing, rinsing, and sanitizing, items may be air dried or wiped dry with disposable towels and should then be stored in a clean place.

Provide appropriate sanitizer test strips and use them to monitor the concentration of the sanitizing solution. (If using bleach, maintain the chlorine concentration between 50 and 100 parts per million; this is approximately 1 T. bleach per 1 gallon water.)

Unscented chlorine bleach may be used to sanitize kitchenware. Other acceptable sanitizers include quaternary ammonia and iodine.

All waste water must be disposed of properly, to either a sanitary sewer or a drainfield.

Dinwiddie/Greensville/Emporia Health Departments
Application for Temporary Food Establishment

- Please print legibly or type
- Application and any applicable fees must be submitted at least 10 business days prior to the event.
- If the fee \$40.00 per year has already been paid, please attach a copy of your receipt.
- Failure to provide the necessary information regarding your operation will delay the processing of your application.
- For staffing purposes, a "rain date" or "not applicable" must be included.
- You must be set-up completely and ready for inspection at least 1 hour prior to the event start time!

EVENT - GENERAL INFORMATION

EVENT NAME: _____

SPONSORING ORGANIZATION: _____

EVENT COORDINATOR: _____

EVENT COORDINATOR PHONE NUMBER: _____

EVENT LOCATION ADDRESS: _____

EVENT LOCATION PHONE NUMBER: _____

DATE(S) OF OPERATION: _____ TIME(S) _____ TO _____

RAIN DATE(S): _____ TIME(S) _____ TO _____

APPLICANT INFORMATION

NAME OF ORGANIZATION/BOOTH: _____

COMPLETE MAILING ADDRESS: _____

ORGANIZATION REPRESENTATIVE: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBERS: (Work) () _____

(Home) () _____

(Cell) () _____

INDIVIDUAL RESPONSIBLE FOR FOOD PREPARATION ONSITE: _____

TEMPORARY FOOD ESTABLISHMENT INFORMATION

TYPE OF FOOD FACILITY: _____
(Beverage, Wagon, Booth, Kitchen, Tent, etc.)

HAVE YOU OR SOMEONE IN YOUR ORGANIZATION COMPLETED THE CRATER HEALTH DISTRICT'S BASIC FOOD SAFETY COURSE? YES NO
IF YES, YEAR COMPLETED: _____ (PLEASE INCLUDE A COPY OF YOUR CERTIFICATE WITH THIS APPLICATION)

DO YOU HAVE A VALID STATE HEALTH PERMIT TO OPERATE A RESTAURANT OR COMMISSARY? YES NO

HOW WILL YOU COMPLETE THE FOLLOWING

POTABLE WATER SERVICE _____
(private well, public, bottled water, holding tank, etc.)

SEWAGE DISPOSAL _____
(Onsite septic system, public system, etc.)

SOLID WASTE/GARBAGE DISPOSAL _____
(on-site, off-site, by vendor, by event sponsor, etc.)

LIQUID WASTE DISPOSAL _____
(dump station on-site, public, septic system, etc.)

HAND WASHING _____

FOOD ITEMS AND EQUIPMENT
(PHF SHOULD BE LIMITED TO NO MORE THAN 3)

FOOD/ BEVERAGE ITEMS	SOURCE (WHERE PURCHASED)	WHERE PREPARED (i.e., on site at event, in organization's kitchen, at a permitted facility, etc.)	METHODS OF PREPARATION AND SERVING EQUIPMENT USED
EXAMPLE: Hot Dogs	Bob's Supermarket	Joe's Restaurant Or on site	Boiled in large pot on gas grill using tongs

(Please attach another sheet with the same information, if more spaces are needed.)

CONDIMENTS AND SERVING METHODS (INDIVIDUAL OR BULK CONTAINERS)	UTENSILS (SERVING, COOKING, EATING)	TYPE OF REFRIGERATION (COOLERS, REFRIGERATOR, TRUCK)	COOKING EQUIPMENT*	TYPE OF SANITIZER/ TEST STRIPS

* All cooking or reheating equipment must be able to rapidly heat foods to 165°F or above. **CROCK POTS ARE NOT ACCEPTABLE FOR THE COOKING OR REHEATING OF FOODS.**

* Are accurately calibrated metal stem food thermometers provided to monitor food temperatures? YES NO

* What method will be used to prevent bare hand contact with ready-to-eat foods? _____

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 of my application for a permit or in the suspension of my permit, per 12 VAC 5-421-3730 and 12 VAC 5-421-3770, Commonwealth of Virginia Board of Health Food Regulations, October 2007.

OPERATOR SIGNATURE

DATE

PHD
07/01/2011