

Reference Number:



Event Permit Application Waccamaw District

1-3 DAY SPECIAL EVENT

4-14 DAY TEMPORARY FOOD SERVICE

OTHER

PERSONAL INFORMATION

OWNER NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

DRIVERS LICENSE# & STATE:

EVENT INFORMATION

NAME OF EVENT:

NAME OF BOOTH:

NAME OF PROPERTY OWNER:

EXACT LOCATION OF BOOTH:

DATE OF OPERATION:

TO:

TOTAL NUMBER OF DAYS:

MENU INFORMATION (type of food served):

SETUP INFORMATION

WATER SUPPLY:

PUBLIC WATER

ON SITE WELL

*OTHER:

WASTE WATER DISPOSAL:

PUBLIC SEWER

SEPTIC TANK

*OTHER:

REFUSE DISPOSAL PROVIDED BY:

* Please specify type of water, disposal (example: contracted pump and haul with contractors name, port-o-let, etc...)

I, the under signed, have studied the "Rules and Regulations governing temporary food service, special event establishments" of South Carolina Department of Health and Environmental Control and am familiar with the applicable sections. I have complied with all the requirements of the regulations pertaining to the physical properties of the facility, equipment, grounds safe water, and sewage disposal. I have trained all my personnel in modern methods of safe and sanitary food handling, storage procedures, sanitary cleaning and storage of all utensils and equipment. **I do hereby request the health authority to make an inspection and issue a permit to operate a special event/temporary food service establishment.**

FOR MORE INFORMATION CALL:

843-205-8931 MAIN OFFICE

843-756-4027 LORIS

SIGNATURE

843-399-5533 STEPHENS CROSS RD

843-248-1506 CONWAY