

Loudoun County Health Department

1 Harrison Street, S.E., Leesburg VA 20177, 2nd floor Mailing address: P.O. Box 7000, MSC #68, Leesburg VA 20177-7000

Event Coordination Food Service Registration Packet Documentation Checklist

It is our goal to help you plan a safe and successful event. We aim to provide you the pertinent information to use during your planning process in advance of all established deadlines to prevent last-minute challenges.

1. Compete and return the attached Registration Packet to the Loudoun County Health Department at least 30 days prior to the event or as soon as possible.

A: Event InformationB: Food Vendor ListC: Event site plan

Return completed application to: Loudoun County Health Department

1 Harrison St. Leesburg, 2nd floor

P.O. Box 7000, MSC#68, Leesburg, VA 20177

<u>DEPT-HEALTH-EVENT_FOOD@loudoun.gov</u>
questions call: 571-268-5814 or 703-777-0234

2. Ensure ALL participating food vendors receive the TEMPORARY FOOD VENDOR - APPLICATION

Instruct vendors to complete and return to the Loudoun County Health Department no less than 10 days prior to the event.

- 1. Temporary Food Vendors APPLYING FOR A TEMPORARY FOOD PERMIT
- 2. VDH Permitted Food Facilities NOTICE TO PARTICIPATE (Restaurants, Caterers, Mobile Units & Temporary Food Vendors)
- 3. Packaged Food Manufacturer Serving Samples Only NOTICE TO PARTICIPATE

Important Information

Incomplete or late *TEMPORARY FOOD VENDOR - APPLICATIONS* MAY Impact the Food Service at the Event. Applications for **Temporary Food Vendors – APPLYING FOR A TEMPORARY FOOD PERMIT must be received no less than 10 days prior to the event.**

A Temporary Food permit will not be issued unless a vendors application meets all the applicable requirements of the <u>Virginia Department of Health Food Regulations</u>. Failure to provide complete information may delay the processing of the application.

Be sure to complete the Online Event Planning Form for Loudoun County at www.loudoun.gov/events.



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Event Coordinator Food Service Registration Packet

Section A: Event Information

Name of Event:				Event Date(s):			
Front Address				E (C)			
Event Address:		Event City:					
Start Time: End Tim			۵.	Rain Date:			
Start Time.		End Tilli		Kam Date.			
Event Organization:							
Event Coordinator:							
Lvent Coordinator	•						
Coordinator Cell: Coordinator email:							
Estimated							
Attendance							
Toilet Facilities	State Regulations require 1 toilet per 100 people. How many						
	# Public toilets available; # Portable toilets provided						
Ice	Ice from an Approved Supplier will be provided for Food Vendors						
	Vendors will provide their own Ice from an Approved Source						
Water Source	There is access On Site to a Potable Water Line						
	Vendors will bring their own Water Supply						
	Water truck will be provided at the event						
Electricity	Electricity will be available to vendors						
	Vendors are allowed to use Generators						
Wastewater	Liquid Waste Containers / Receptacles are available or will be provided						
	Vendors must collect and remove their own Liquid Waste						
Trash	Trash Containers / Receptacles On Site are available or will be provided						
	Vendors Must Collect And Remove Their Own Trash						
Tents	Tents or Canopies for Food Stands will be provided						
	Vendors must provide their own Overhead Protection						
	,	•	<u>"</u>				
G:							
Signature:							
Print Name:				Date Signed:			
Time rame.				Dute bigliou.			
Return completed application to: Loudoun County Health Department							

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Section B: Food Vendor List

Name of Event: Autofill from page 1							
Event Date(s):		Start Time:		End Time:			
Event Coordinator:				•			
Coordinator Cell:		Coordinator email:					
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Booth #	Vendor Name	Office Use	Office Use	Office Use
attach event site plan	List all TFE vendors, restaurant, mobile, packaged food manufacturers sampling	Type TFE REST MFU MFG	Application received	Inspection

For events with 5 or more food vendors, Food coordinator is to collect and submit ALL completed TEMPORARY FOOD APPLICATIONS and fees (or proof of payment) in packet form to the Health Department as early as possible to allow time for review, additional documentation and changes as needed. **At least 30 days in Advance.**