



## RETAIL FOOD ESTABLISHMENT APPLICATION FOR EVENT AUTHORIZATION

Bureau of Environmental Health Services  
Division of Food Protection & Rabies Prevention

**Application Instructions:**

\*\* Application must be legible. Any missing information will result in delays in processing this application.

- 1) Applicant shall be the Event Coordinator requesting authorization for food vendors at events that offer food as per 9-8, 9-9 and 9-11 of R. 61-25, Retail Food Establishments.
- 2) Applicant shall submit a completed application for authorization and receive authorization from the Department prior to the event. It is recommended that applications be submitted 14 days in advance of the event.
- 3) If additional space for list of vendors is required it shall be included as an attachment and labeled with the event name, dates, and address of event.

Event Name \_\_\_\_\_

Event Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County (location) \_\_\_\_\_

List Hours of Operation: S \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sa \_\_\_\_\_

The following is to be completed for Temporary Food Service Establishments (9-8) and Community Festivals (9-9):

List Dates of Consecutive Operation for the Event or Date Range of the Series \_\_\_\_\_

List Date and Time that all Food Vendors are Required to be Ready for Operation \_\_\_\_\_

Event Coordinator \_\_\_\_\_

24-hour Emergency Contact Number(s) \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Food Vendor:	Vendor Contact Information: (Name/Address/Phone/Email)	Foods served at Event:

Please check this box if the back page is required for additional vendor information.

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the Temporary Food Establishment, Community Festival or SC Farmers Market/Seasonal Series will comply with SC DHEC Regulation 61-25. It is unlawful for a person to willfully give false, misleading, or incomplete information on a document, record, report, or form required by the laws of this State. Should the Event or Food Vendors associated with the event fail to adhere to the requirements of Regulation 61-25, the permit to operate may be subject to enforcement action, which may include civil penalties pursuant to Section 44-1-150(B) of the South Carolina Code of Laws and/or permit suspension/revocation pursuant to Regulation 61-25, Retail Food Establishments.

Event Coordinator Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Submittal Date \_\_\_\_\_

Application Complete Date \_\_\_\_\_ Reviewer \_\_\_\_\_

Information collected on this form is subject to public scrutiny or release and the Freedom of Information Act

