

EVENT PERMIT APPLICATION

PROMOTE PROTECT PROSPER
South Carolina Department of Health
and Environmental Control

FOR OFFICE USE ONLY	
<input checked="" type="checkbox"/> 1-3 DAY SPECIAL EVENT	<input type="checkbox"/> 4-14 DAY TEMPORARY FOOD SERVICE

PERSONAL INFORMATION				
OWNERS NAME: _____	<table border="1"> <tr> <th>FOR OFFICE USE ONLY</th> </tr> <tr> <td>PERSONAL INFORMATION VERIFIED BY: _____</td> </tr> <tr> <td>SAN # _____</td> </tr> </table>	FOR OFFICE USE ONLY	PERSONAL INFORMATION VERIFIED BY: _____	SAN # _____
FOR OFFICE USE ONLY				
PERSONAL INFORMATION VERIFIED BY: _____				
SAN # _____				
ADDRESS: _____				
CITY: _____ STATE: _____ ZIP: _____				
PHONE # _____ DRIVERS LICENSE # & STATE _____				

EVENT INFORMATION	
NAME OF EVENT: <u>South Carolina Bar-B Que Shag Festival</u>	
NAME OF BOOTH: <u>Cooker's Shed</u>	
NAME OF PROPERTY OWNER: <u>Town of Hemingway</u>	
EXACT LOCATION OF BOOTH: <u>Hemingway Recreational Center</u>	
DATES OF OPERATION: <u>4/23/10</u> TO <u>4/24/10</u> TOTAL NUMBER OF DAYS: <u>2</u>	
MENU INFORMATION (type of food served): <u>BBQ</u>	

SETUP INFORMATION	
WATER SUPPLY: <input checked="" type="checkbox"/> PUBLIC WATER <input type="checkbox"/> ON SITE WELL <input type="checkbox"/> *OTHER _____	
WASTE WATER DISPOSAL: <input checked="" type="checkbox"/> PUBLIC SEWER <input type="checkbox"/> SEPTIC TANK <input type="checkbox"/> *OTHER _____	
REFUSE DISPOSAL PROVIDED BY: <u>Town of Hemingway</u>	
* please specify type of water, disposal (example: contracted pump and haul with contractors name, port-o-let, ect.)	

I, the undersigned, 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 here by request the health authority to make an inspection and issue a permit to operate a temporary food service establishment.

FOR MORE INFORMATION CALL:	
843-928-1151 MAIN OFFICE	843-756-4027 LORIS
843-399-5553 STEPHENS CROSS RD	843-249 -1506 CONWAY

SIGNATURE