

South Carolina **DEPARTMENT OF AGRICULTURE** RETAIL FOOD SAFETY & COMPLIANCE DEPARTMENT

350 Ballard Court, West Columbia, SC 29172

Hugh E. Weathers, Commissioner

# RETAIL FOOD ESTABLISHMENTS APPLICATION FOR EVENT AUTHORIZATION

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 SCDA prior to the event. It is recommended that applications be submitted 14 days in advance of the event.
- 3. If the Supplemental Vendor Information page(s) is used to provide a complete list of vendors, include as an attachment and label with the event name, dates, and address.

Temporary Event (9-8)	Community Festival (9-9)	🗌 Farme	ers Market/Seasonal	Series, Remote S	Service (9-11)
Event Name					
Sponsoring Community Organi	zation (9-9 & 9-11)				
Event Address		City		Zi	р
County (location)		-			
Hours of Operation S	M T	W	Th	F	Sa
Event Coordinator					
24-hour Emergency Contact N	umber(s)			Fax	
Mailing Address		City		State	Zip
Phone	Mobile		_ Email		

#### The following is to be completed for Community Festivals (9-9) and Farmers Markets\*/Seasonal Series (9-11):

\*For Farmers Markets, include proof that more than half of your proposed market's vendors farms selling directly to the public products are produced at their farm. Attach a complete and accurate copy of your rules or guidelines that ensure that the farmers market consists of farms that are selling products that the farms have produced.

Point of Contact & Phone Number for Sponsoring Community/Governmental Organization \_

## 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 \_

NAME OF FOOD VENDOR	VENDOR CONTACT INFORMATION Name / Address / Phone / Email / Retail Permit**	FOODS SERVED AT EVENT		
Please check this box if a secondary page is required for additional vendor information.				

\*\*For Farmers Markets, Seasonal Series, or Remote Service Events (9-11), provide the permit number or copy of most recent inspection for the vendor.

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 SCDA 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** 

Name (print)

Submittal Date

# RETURN BY EMAIL OR MAIL TO

SCDA Retail Food Safety & Compliance <u>retailfood@scda.sc.gov</u> 350 Ballard Court West Columbia, SC 29172

# SCDA USE ONLY

Application Completion Date .

\_\_\_\_\_ Reviewer \_\_\_

Personal information provided on this document is subject to public scrutiny or release.

SUPPLEMENTAL VENDOR INFORMATION					
NAME OF FOOD VENDOR	VENDOR CONTACT INFORMATION Name / Address / Phone / Email / Retail Permit**	FOODS SERVED AT EVENT			



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# INSTRUCTIONS FOR COMPLETING APPLICATION FOR EVENT AUTHORIZATION

Audience: Form to be completed and submitted by the person designated as the Event Coordinator.

**Purpose:** This form is to provide information on proposed food service operators at Temporary Food Establishments, Community Festivals, RFE – South Carolina Farmers Markets, Seasonal Series and Remote Service for review and authorization.

## Instructions:

- 1. Provide the name of the event.
- 2. Provide the physical address to include the city and zip code of the event.
- 3. Provide the county in which the event will be located.
- 4. List the hours of operation for the days in which the event will operate.
- 5. For Temporary Food Service Establishments and Community Festivals provide the following:
  - 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.
- 6. Provide the name of the event coordinator(s).
- 7. Provide 24-hour contact numbers for the event coordinator(s).
- 8. If available, provide a fax number for the event coordinator(s).
- 9. Provide the mailing address used for the operation and coordination of the Event, including the city, state and zip code.
- 10. Provide phone number(s) (including area code) and e-mail address(es) used in the operation and coordination of the Event.
- 11. In the table, for each vendor, provide the following:
  - Name used for the food vendor unit.
  - Vendor contact information to include, full name, complete address, phone number (including area code), and e-mail address.
- 12. Check the box at the bottom of the table on page 1 if the Supplemental Vendor Information sheet(s) is needed to list additional vendors.
- 13. Application must be signed by the event coordinator. Include the printed name of the event coordinator and the date of submittal.

Office Mechanics & Filing: Retention schedule for this form is: 11701 – Retail Food Establishments.