South Carolina
DEPARTMENT OF AGRICULTURE
RETAIL FOOD SAFETY 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) ☐ Farmers Market/Seasonal Series, Remote Service (9-11)

Event Name _____

Sponsoring Community Organization (9-9 & 9-11) _____

Event Address _____ City _____ Zip _____

County (location) _____

Hours of Operation S _____ M _____ T _____ W _____ Th _____ F _____ Sa _____

Event Coordinator _____

24-hour Emergency Contact Number(s) _____ Fax _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Mobile _____ Email _____

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.		

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
retailfood@scda.sc.gov

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.