

**Fulton County Department of Health Services
Environmental Health Services Division**

North District Office
3155 Royal Drive, Suite 150, Alpharetta, Ga. 30022
Telephone 404-612-1801 • Fax 404-893-6746

Central District Office
99 Jesse Hill Jr., Drive, S.E., Room 101, Atlanta, GA 30303
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South District Office
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SPECIAL EVENTS ORGANIZER INFORMATION PACKET

PACKET CONTENTS

- Special Event Organizer Application for Exemption Status
- Application For Permit To Operate A Special Food Service
- Application For Special Event Organizer Non-Food Permit
- Application For Special Event Food Service Vendor Certification
- Fee Schedule
- Booth Design Grid

CONTACTS

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Application Procedures for Organizing a Special Event

- The organizer may complete a Special Event Organizer Application For Exemption Status, if your organization is sponsored by a municipality, charitable organization, or has IRS Tax Code 501 tax status.
- Provide information regarding the pending special event to the Fulton County Department of Health and Wellness, Environmental Services Division, **30** days prior to the start of the event.

Special Event Non-Food Procedures – Organizer

- Return a completed Application For Special Event Organizer Non-Food Permit.
- Comply with the Fulton County Code of Ordinances and Code of Resolutions, Chapter 34 – Health and Sanitation, non-food articles (Article IV -Drinking Water, Article X – Solid Waste, and Article XI - Sewage Disposal).

Special Event Food Procedures– Organizer/Special Food Service Vendor

- Return a completed Application For Permit To Operate A Special Food Service (for each vendor), including a list of temporary food service establishments, a booth design, and appropriate plan review fees.
The organizer is responsible for collecting and submitting all permit and plan review fees for each food vendor. Only a single business check, cashier check, or money order will be accepted. Revisions to the food vendor list must be submitted no later than 15 days prior the event.
- Submit a diagram of the site, which provides the location of each food vendor.

Special Food Service Vendor Certification (Optional)

- If an individual food service vendor has the same set-up at all special events, serves the same menu, and has taken a safe food handling class, sponsored by the Department, then complete an application for Special Event Food Service Vendor Certification



SPECIAL EVENT FOOD VENDORS BASIC REQUIREMENTS

Fulton County Department of Health and Wellness
Environmental Health Services Division

- Each food vendor must provide signage with name of booth for identification.
- Each food vendor must have approved hand washing station, which will be a container with free flowing water faucet.
- Each food vendor must have a stem thermometer for taking hot and cold food temperatures.
- Each food vendor booth must have screening on all four sides as long as this does not conflict with codes the fire marshal has to enforce. If there is, then the organizer of the event will need to help in creating a solution. Screening requirements will be as follows:
- No rolled up screening,
 - Screening must be securely attached at top and not attached with shower curtain design.
 - Must be secured at all four corners.
 - Must be attached to with stand normal weather conditions.
 - Screening for doors must over lap side screening.
 - Window openings must be no greater than 24 inches by 24 inches.
 - Screening must be at least 16 mesh to the inch.

The above items must be in place before a special event food permit will be issued.



SPECIAL EVENT ORGANIZER APPLICATION FOR EXEMPTION STATUS

Fulton County Department of Health and Wellness
Environmental Health Services Division

EVENT
INFORMATION

Name: _____
Event Name

Location: _____ GA _____
(include Name of Park, etc. and full Address) Street City Zip Code

Duration in Consecutive Hours _____ Date Event to Begin _____ Date Event to End _____

ORGANIZER
INFORMATION

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Work #: _____ Cell #: _____

Email: _____ Fax #: _____

SE EXEMPT
SPONSOR

Name: _____ Representative: _____

Address: _____
Street Room/Suite City State Zip Code

Telephone #: _____ Email: _____ Fax#: _____

Pursuant to O.C.G.A. §§ 26-2-390 et seq., certain special events are exempt from requirements as set forth in the Fulton County Code of Ordinances and Code of Resolutions, Chapter 34 Health and Sanitation, specifically Food Service-Article V, Drinking Water- Article IV, Sewage Disposal-Article XI and Solid Waste-Article X.

Check the following that apply:

- The event is sponsored by a political subdivision of this state or by an organization exempt from taxes under paragraph (1) of subsection (a) of Code Section 48-7-25 or under Section 501(d) or paragraphs (1) through (8) or paragraph (10) of Section 501(c) of the Internal Revenue Code, as that code is defined in Code Section 48-1-2 (**Submit appropriate Internal Revenue Service document**).
- The event lasts 120 consecutive hours or less.

* If both boxes are checked and appropriate documentation submitted, the special event is exempt by law from regulation by the Fulton County Department of Health and Wellness (FCDHW). The FCDHW, Environmental Health Services (EHS) Division will not be performing inspections and is not responsible for the assurance of safe food, free public drinking water, adequate sewage disposal and proper collection and storage of solid waste at this event. However, FCDHW is available for providing training in these areas upon request and will respond to complaints.

Preferred Contact Method: Telephone Email Fax

* If both boxes are **not** checked, the Special Events Organizer Package must be completed.

I, _____, acknowledge by signing that I am responsible for the assurance of safe food, free drinking water, adequate sewage disposal and proper collection and storage of solid waste at this event.

Organizer (Name)

Organizer Signature Date

SE Exempt Sponsor Representative Signature Date

===== EHS Use Only =====

IRS Document attached Control # _____ EHS Staff _____ Date _____



SPECIAL EVENT ORGANIZER APPLICATION FOR TENT PLACEMENT

Fulton County Department of Health and Wellness
Environmental Health Services Division
99 Jesse Hill Jr., Drive, S.E., Room 101, Atlanta, GA 30303
Telephone 404-613-1303 • FAX 404-730-1462

EVENT
INFORMATION

Name: _____
Event Name

Location: _____ GA _____
(include Name of Park, etc. and full Address) Street City Zip Code

Date Event to Begin

Date Event to End

Hours of operation

Event Type: Public Private

ORGANIZER
INFORMATION

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Work #: _____ Cell #: _____

Email: _____ Fax #: _____

CONTACT
PERSON

Name: _____ Representative: _____

Address: _____
Street Room/Suite City State Zip Code

Telephone #: _____ Email: _____ Fax#: _____

What is the estimate peak attendance? _____

How will solid waste (trash) be collected and disposed?

Number/Size of Compactors: _____ Number/Size of Dumpsters: _____ Number/Size of Trash Receptacles: _____

How will sewage be handled? Number of Public Restrooms: _____ Number of Portable Toilets Provided: _____

How will free water be provided?

Number of Public Water Fountains: _____ Number of Temporary Water Stations: _____ Cases of Bottled Water: _____

Preferred Contact Method: Telephone Email Fax

I, _____, acknowledge by signing that I am responsible for the assurance of safe food, free drinking water, adequate sewage disposal and proper collection and storage of solid waste at this event.

Organizer Signature

Date

===== EHS Use Only =====

We have evaluated the information provided to our office for the special event _____ at _____ operating on _____. Solid waste, drinking water, and

sanitary facilities will be provided as follows: _____

Approved

Date



APPLICATION FOR SPECIAL EVENT ORGANIZER NON-FOOD PERMIT

Fulton County Department of Health and Wellness
Environmental Health Services Division

Name: _____
Event Name

Location: _____ GA _____
(include Name of Park, etc. and full Address) Street City Zip Code

Telephone #: _____ Fax #: _____

EVENT
INFORMATION

Time of Operation _____ Date Event to Begin _____ Date Event to End _____
Anticipated Crowd _____ Hours of Peak Crowd _____ Alcohol Served: Yes
 No

Public Restroom, Sewered Facilities Available: _____ # Portable Toilets Provided: _____

Public Water Fountains Available: _____ # Temp. Water Stations: _____ # Cases of Bottled Water: _____

Dumpsters Available: _____ # Compactors Available: _____ # Trash Receptacles Available: _____

Event Category: Fair Craft Show Festival Sporting Event
 Concert Market/Show Other

Event Description: _____

ORGANIZER
INFORMATION

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Telephone #: _____ Email: _____ Fax#: _____

ONSITE COORDINATOR
INFORMATION

Name: _____

Address: _____
Street Room/Suite City State Zip Code

Work #: _____ Cell #: _____

Email: _____ Fax #: _____

I, _____, certify that all information given in this application is true
Organizer Name (Print)

and correct to the best of my knowledge. I understand that it will be my and the property owner's responsibility to ensure that only Special Food Service vendors, permitted by this Department, participate in the event. I further understand and agree to comply with Fulton County Code of Ordinances and Code of Resolutions, Chapter 34, Health and Sanitation, Article IV, "Drinking Water", Article X, "Solid Waste" and Article XI, "Sewage Disposal", as the permit holder for non-food facilities at a special event in Fulton County. I understand that this application must be submitted at least 30 days prior to the event. I agree to pay a late fee (double the standard fee) if I fail to submit all necessary paperwork within 15 days of the event. If a permit is issued, it is non-transferable and is valid until it is surrendered, suspended, revoked or expired.

Preferred Contact Method: Telephone Email Fax

*** If the event is longer than one day, please provide an operating schedule. ***

Organizer Signature _____ Date _____ Control#: _____
EHS Use Only

===== **EHS Use Only** =====

Name: _____
Event Name

Date Received: ____/____/____ Control #: _____ Food Vendor Listing Attached
Operating Schedule Attached

Total # of Nonsewered Toilet units required: _____ units
Total # of Drinking Water Units Required _____ units
Total # of Solid Waste Receptacles Required _____ units

Total # of Units (Nonsewered Toilet, Drinking Water, and Solid Waste): 1 – 30 units 31+ units

Approval Date: ____/____/____ Permit # _____

Initial Permit Date: ____/____/____ Permit Expiration Date: ____/____/____

District Assignment: _____ Territory Assignment: _____ Commission District #: _____

Permit and Inspection Fee Schedule Table

(1 to 30 units) - \$110 +73/day (31-75 units) - \$110+146/day (76+ units) - &110+220/day
* Plan review fee

Fee Amount: _____ Date of Remittance: ____/____/____ Check/M.O. #: _____

Receipt #: _____ Service Code _____

EHS Staff

Date of Issuance



APPLICATION FOR PERMIT TO OPERATE
A SPECIAL FOOD SERVICE

Fulton County Department of Health and Wellness
Environmental Health Services Division

EVENT INFORMATION

Name:
Address: # Street City State Zip Code
Date(s) of Event:

ORGANIZER INFORMATION

Name:
Address: # Street City State Zip Code
Telephone #: Email:

VENDOR INFORMATION

Name: Name of Booth:
Address: # Street City State Zip Code
Telephone #: Email:

Food(s) to be served:

I, Vendor Name (Print), certify that all information given in this application is true and correct to the best of my knowledge. I further understand and agree to comply with Fulton County Code of Ordinances and Code of Resolutions, Chapter 34, Health and Sanitation, Article V, " Food Service", as the holder of a permit to operate a special food service in Fulton County. If a permit is issued, it is non-transferable and is valid until it is surrendered, suspended, revoked or expired. Preferred Contact Method: Telephone Email Fax

Vendor Signature Certification # Title Date

==== For EHS use only =====

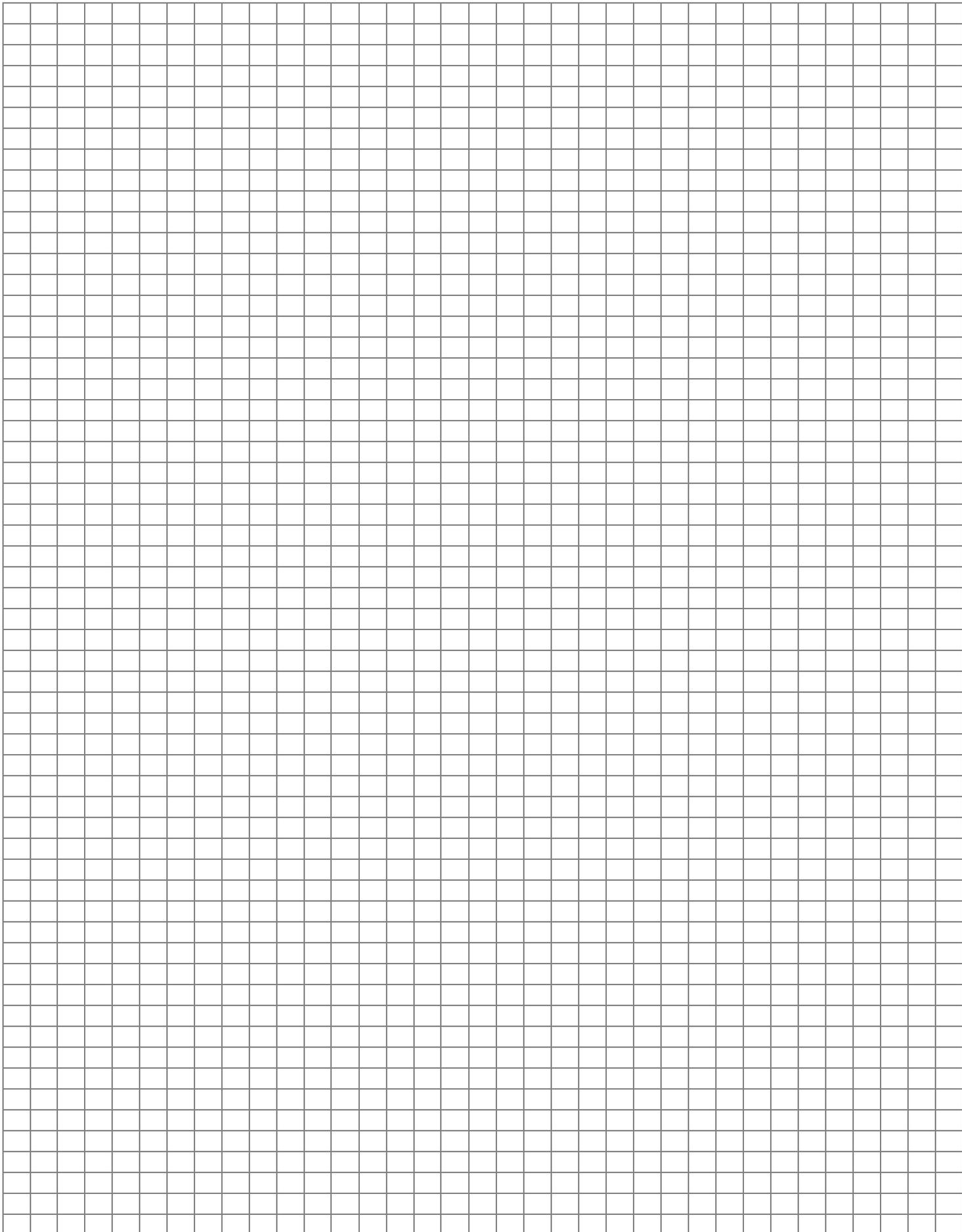
Food Risk Type: Low Risk High Risk Establishment Code: Permit#:

Fee Amount: Date of Remittance: Check/M.O.: Receipt:

Permit Issue Date: Permit Expiration Date: District Assignment: Territory:

EHS Staff Date of Issuance

Food Risk Category Factor Summary (Permit and Inspection Fee) Low Risk (\$73+ \$37 per day) High Risk (\$73 +\$73 per day)



Special Event Fee Schedule

Type	Fee	Inspection Fee Per Day	Item Number
Special Event Plan Review	\$146		14
Special event Organizer Non-Food Permit (1-30 unit)	\$110	\$73	92 & 48
Special Event Organizer Non- Food Permit (31-75 units)	\$110	\$146	93 & 49
Special Event Organizer Non-Food Permit (76+ units)	\$110	\$220	93 & 50
Special Event Food Service Permit – Low Risk	\$73	\$37	94 & 51
Special Event Food Service Permit – High Risk	\$73	\$73	95 & 52
Special Event Non-Food Permit- Charitable Organization	0		96
Special Event Food Permit- Charitable Organization	0		97
Special Food Vendor License	\$220		47