

# SPECIAL EVENTS ORGANIZER INFORMATION PACKET

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#### **North District Office**

3155 Royal Drive, Suite 150, Alpharetta, Ga. 30022 Telephone 404-332-1801 • Fax 404-893-6241

#### **Central District Office**

10 Park Place SE, Suite 400, Atlanta, GA 30303 Telephone 404-613-1303 • Fax 404-730-5571

#### **South District Office**

1920 John Wesley Avenue, Suite 212, College Park Ga. 30337 Telephone 404-763-5579 • Fax 404-762-1359



#### **Exemption Status**

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.

Chec	ck the following that apply:						
	The event is sponsored by a political subdivision of this under paragraph (1) of Subsection (a) of Code Section 48 through (8) or paragraph (10) of Section 501(c) of the In Code Section 48-1-2 (Submit appropriate Internal Reverse	-7-25 or under Section 501(d) or paragraphs (1) ternal Revenue Code, as that code is defined in					
	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.							
* <u>If bo</u>	Preferred Contact Method: ☐ Telephone ☐ Email oth boxes are not checked, the Special Events Organizer Pa						
I,	, acknowledge by signing that I am responsil Organizer (Name)	ole for the assurance of safe food, free drinking water,					
adequat	e sewage disposal and proper collection and storage of solid waste at	this event.					
	Organizer Signature	Date					
	Special Event Exempt Sponsor Representative Signature	Date					

=====EHS DEPARTMENTAL USE ONLY=====

EHS Staff

Date

**IRS Document attached** 

Control #\_



#### 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.
  - o Screening for doors must overlap side screening.
  - o Window openings must be no greater than 24 inches by 24 inches.
  - Screening must be at least 16 mesh to the inch.
- Each food vendor must have appropriate floor coverings inside of the tents.

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

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



## FULTON COUNTY BOARD OF HEALTH TEMPORARY FOOD SERVICE ORGANIZER APPLICATION

The Temporary Food Facility Event Organizer Applications and Vendor Applications must be submitted by the Event Organizer to the Fulton County Board of Health, Environmental Health Services. The Event Organizer is responsible for submitting all vendor applications in their entirety at least thirty (30) Business days prior to the event. Fulton County Board of Health Senior Environmental Specialists and Temporary Event Organizer will assist the applicants during the application process. All fees are due when the application is submitted to the Fulton County Board of Health. Partial payments will NOT be accepted. All payments should be made to: Fulton County Environmental Health Services **EVENT ORGANIZER CONTACT INFORMATION Event** Name: **Event** Date(s): to Hour(s): to **Event** Location **Event Street Address:** City: State: Zip: Event organizer(s) name(s) and contact information [Two (2) separate individual's contacts required] Name Phone number(s) E-mail Address **Primary Contact:** Secondary **Contact: Primary Organizer Mailing** Address Street: City **State:** Zip: **ORGANIZER TEMPORARY EVENT DETAILS:** Craft Show Festival **Event Category:** Fair ☐ Market/Show Concert Other **Sporting Event Number of food vendors during this event:** Will set up times be the same for all vendors?  $\square$  Yes  $\square$  No Set up time for food vendors: Allotted time frame for set up: to



			7							
Free Potable (drinking) water/ Fountains No Yes How will drinking water be provided?										
Combogo Dignogol Duorid		of Trash Re	ceptacles	Carbaga I	Namagal Dials IIn Eng	~~~~				
Garbage Disposal Provider: Available: Garbage Disposal						equency:				
Will Tents be used or pro		☐ No ☐ Yes, size and type:								
Number of hand washing		10.	4 - 1 D							
Number of toilets (portab	ole):	E	<b>Expected Peak Crowd Size:</b>			Provider:				
ORGANIZER VENDOR'S INFORMATION										
Will liquor be served at this event?  If YES have you obtained liquor license from your local municipality?										
		II <u>YES</u> nav	ve you ob	tained iiquo	r ncense from your	iocal municipality?				
□ No □	Yes				Yes					
LIST ALL FOOD VENDORS: Include vendors selling items from: Permitted Mobile Food Units, Pushcarts, and Kiosks.										
						All Mobile Food Units must				
have a valid Fulton Count										
vending at this location).										
Booth/Vendor Name	Owner/ Opera	ator Name	Phone	Number	<u>E-mail</u>	Vendor Type (mobile, Tent)				
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### DO NOT WRITE BELOW THIS LINE [DEPARTMENTAL USE ONLY]

<b>DRAW THE EVENT AREA</b> including vendor location, tents, Mobile Units, Push Carts, Kiosk, Portable Handwashing Stations, Portable Toilets, and Garbage Disposal bins					
Statement: I Hereby certify that the above information is complete and accurate. I fully understand that:					
• The application must be submitted to the Fulton County Board of Health, Environmental Health Services at least thirty (30) Business days prior to the event.					
<ul> <li>Any applications submitted after 30 days prior to the event will be subject to double fees.</li> <li>Any deviation from this application without prior written permission from the Fulton County Board of Health will nullify final approval and prevent issuance of a temporary food establishment permit(s) to food vendors.</li> </ul>					
<ul> <li>A set time for the pre-opening inspection (with operable hand washing stations and equipment in place) at each temporary food vendor booth will be required before a permit can be issued.</li> </ul>					
<ul> <li>Food/drink that is prepared before permitting (without prior approval from Fulton County Board of Health) will nullify any opportunities to vend at this event.</li> </ul>					
<ul> <li>Approval of this application does not indicate compliance with any other code, law or regulation that may be required. (ie: federal, state, and local).</li> </ul>					
Event Organizer: Date					



FEES: Organizer Fee= \$110.00 High Risk Fee= \$73.00 per day Low Risk Fee = \$37.00 per day Plan Review Fee= \$146.00 per vendor Non Food Permit Fee: \$146.00			
Organizer Fee Calculation:			
\$110.00 Organizer Fee + Plan Review fee	(per vendor) x # of Vendors		
Example:			
\$110.00 + \$146.00 x (6) vendors= \$986.00	<u>)</u>		
<b>Inspection Fee Calculation:</b>			
# of event days x # of vendors x Risk	Fee = Total Cost		
Example:			
Event Length: 5 days			
5 days Event x (6) vendors x (73.00) High	Risk = \$ 2190.00		
5 days Event x (6) vendors x (37.00) Low	Risk = \$1110.00		
ORGANIZER FEE PAID:	Date:		
INSPECTION FEE PAID:	Da	ate:	-
Total # of Non-sewered Toilet Units required:	Total # of Drinking Water Units Required:	Total # of Solid Waste Receptacles Required:	
units	units	unit	ts
Total # of Units (Nonsewered Toilet, Drink  Approval Date:/_			75 units   75+units
		Permit #	
Initial Permit Date:/	Permit Expi	ration Date:/	/
District Assignment:	Territory 2	Assignment:	

