



RETAIL FOOD ESTABLISHMENT
APPLICATION FOR EVENT AUTHORIZATION

Bureau of Environmental Health Services
Division of Food Protection & Rabies Prevention

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 the Department prior to the event. It is recommended that applications be submitted 14 days in advance of the event.
3) If additional space for list of vendors is required it shall be included as an attachment and labeled with the event name, dates, and address of event.

Event Name _____

Event Address _____ City _____ Zip _____

County (location) _____

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

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 _____

Event Coordinator _____

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

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Mobile _____ E-mail _____

Table with 3 columns: Name of Food Vendor, Vendor Contact Information: (Name/Address/Phone/Email), Foods served at Event. Multiple empty rows for data entry.

☐ Please check this box if the back 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 SC DHEC 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.

Event Coordinator Signature _____ Print Name _____ Submittal Date _____

Application Complete Date _____ Reviewer _____

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

