



*APPLICATION FOR PERMIT TO OPERATE A FOOD SERVICE UNIT AT A SPECIAL EVENT*

NAME OF SPECIAL EVENT \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

NAME OF RESPONSIBLE PERSON(S) \_\_\_\_\_

ADDRESS OF RESPONSIBLE PERSON(S) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATE OF OPERATION FROM: \_\_\_\_\_ TO: \_\_\_\_\_

HOURS OF OPERATION FROM: \_\_\_\_\_ TO: \_\_\_\_\_

LIST OF FOODS TO BE SERVED: \_\_\_\_\_

DESCRIPTION OF FOOD HANDLING FACILITY (SUCH AS TYPE OF SHELTER):  
\_\_\_\_\_

LOCATION OF CONCESSION: \_\_\_\_\_

I, the undersigned, have studied the requirements governing food service units at special events of the South Carolina Department of Health and Environmental Control and am familiar with the applicable sections. I have complied with all of the requirements of the regulations pertaining to the physical properties of the facility, equipment, grounds, safe water, and sewage disposal. I have trained all my personnel in modern methods of safe and sanitary food handling and storage procedures and sanitary cleaning and storage of all utensils and equipment.

I do hereby request the health authority to make an inspection and issue a permit to operate a food service unit at a special event.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: Please complete the above requested information and return to the Environmental Health Section of the Hampton County Health Department prior to your opening date.

*Attached you will find a copy of the requirements governing food service units at special events.*