EVENT ORGANIZER APPLICATION

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. In addition to this organizer application, a separate Temporary Food Service Application must be submitted to the Macon County Health Department by each food service vendor at least two weeks before the event. For more information, call 828-349-2490.

1. Organizer Name:_____

2. Address:_____
   Street Number and Name City State Zip

3. Organizer Phone: (8:00-5:00):_____Other:_____

4. Name of event:_____

5. Event location:_____

6. Dates and times of event:_____

7. On-site coordinator(s) or individual(s) that can be contacted during event:_____

8. Number of people expected to attend (event total):_____

9. Number of anticipated food booths:_____

10. List food vendors for event..

    1.

    2.

    3.

    4.

    5.