



FLORIDA DEPARTMENT OF HEALTH – BREVARD COUNTY
Environmental Health Services
 2725 Judge Fran Jamieson Way, Suite A116
 Viera, Florida 32940-6605
 PHONE: 321/633-2100 FAX: 321/633-2163
 www.BrevardEH.com

For Office Use Only Payment Information
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**TEMPORARY FOOD SERVICE EVENT
SPONSOR NOTIFICATION FORM**

NOTE: Temporary food service event sponsors or vendors shall notify the local county health department no less than three days prior to a scheduled event under the jurisdiction of the Florida Department of Health (DOH). Sponsors without an existing DOH Sanitation Certificate serving non-potentially hazardous food (Non-PHF) for 4 or more days; or, serving potentially hazardous food (PHF) for any number of days must submit a fee of \$120.00 for the event. Sponsors without an existing DOH Sanitation Certificate serving Non-PHF foods for 3 days or less; or, sponsors with an existing DOH Sanitation Certificate serving any type of food must submit a fee of \$40.00 for the event. Checks should be payable to Brevard County Health Department. Payment with Visa and MasterCard are accepted via telephone at (321) 633-2100, option 4.

SPONSOR INFORMATION			
Sponsor Name		*Existing Sanitation Certificate Number (if applicable)	
Sponsor Address		Person in Charge of Food Service	
		Telephone Number of Person in Charge of Food Service	
EVENT INFORMATION			
Name of Event		Date(s) of Event	
Event Address		Hours of Operation	
		Estimated Number of Food Booths	Estimated Number of Attendees per Day
FACILITIES AND SANITATION INFORMATION			
Number of Toilets to be Provided:			
Portable:	Male	Female	Location
Permanent:	Male	Female	Location
Please view Table PR I of Chapter 64E-6, <i>Florida Administrative Code</i> (http://www.floridahealth.gov/environmental-health/onsite-sewage/forms-publications/documents/64e-6.pdf) for the number of portable restrooms required for special events. If permanent restroom facilities are available for use by the attendees, the number of portable restrooms may be reduced based on the number of attendees the permanent facilities are designed to accommodate.			
Method of toilet waste disposal: <input type="checkbox"/> Sewer <input type="checkbox"/> Septic <input type="checkbox"/> Temporary Tank Service Pump Out		Frequency of toilet waste disposal (for portable restrooms only): <input type="checkbox"/> Daily <input type="checkbox"/> Twice Daily <input type="checkbox"/> Other _____	
Describe method/frequency of liquid kitchen waste disposal		Describe containers and method of solid waste disposal	
Describe facilities and method of hand washing/location		Number of Solid Waste Containers Provided:	
		Source of Potable Water:	
Describe facilities and method of utensil washing, rinsing, and sanitizing			
Event sponsors are responsible for notifying all food vendors of the temporary food service requirements. Failure to comply may subject booth(s) to be closed for public health reasons.			<input type="checkbox"/> I understand and agree

I certify that to the best of my knowledge and belief all of the information/statements contained herein and on any attachments are true, correct, complete, and made in good faith. I understand that these regulations include food intended for service to the public regardless of whether there is a charge for the food. I agree to assume responsibility for this event and certify that said business will be conducted in compliance with Chapter 64E-11, *Florida Administrative Code* and Section 381.0072, *Florida Statutes*.

Name of Sponsor Representative (print or type)

Signature of Sponsor Representative

Date