



GWINNETT COUNTY BOARD OF HEALTH
Environmental Health Section

www.gwinnetthealth.com

Louise Radloff, Chairperson
Lloyd M. Hofer, M.D., M.P.H., Medical Director
Joseph Sternberg, District E.H. Director

"Depend on Us to Protect Gwinnett's Health"

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TEMPORARY EVENT APPLICATION

All fees for temporary food service events must be paid by cash, money order, or credit card if paid less than 30 days prior to the event.

APPLICATION DATE: _____

FACILITY INFO
 EVENT DATE: FROM _____ TO _____

VENDOR NAME AND EVENT LOCATION
 NAME _____

FACILITY NAME EXAMPLE: (BOB'S CHICKEN AT THE GWINNETT COUNTY FAIR)

EVENT ADDRESS _____

EVENT
 CO-ORDINATOR _____ PHONE () _____

NAME OF BOOTH _____

TYPE OF FOOD SERVED: _____

WHEN WILL YOU BE READY FOR ON SITE INSPECTION? Day _____ Time _____

OWNER NAME

OWNER ADDRESS

OWNER PHONE () _____ CELL () _____

PRINT NAME _____ SIGNATURE _____