

D H E C

WACCAMAW DISTRICT

EVENT PERMIT APPLICATION

PROMOTE PROTECT PROSPER
South Carolina Department of Health
and Environmental Control

FOR OFFICE USE ONLY



1-3 DAY SPECIAL EVENT



4-14 DAY TEMPORARY FOOD SERVICE

PERSONAL INFORMATION

OWNERS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE # _____ DRIVERS LICENSE # & STATE _____

FOR OFFICE USE ONLY

PERSONAL INFORMATION
VERIFIED BY_____
SAN # _____

EVENT INFORMATION

NAME OF EVENT: South Carolina Bar-B Que Shag Festival

NAME OF BOOTH: _____

NAME OF PROPERTY OWNER: Town of HemingwayEXACT LOCATION OF BOOTH: Hemingway Recreational CenterDATES OF OPERATION: _____ TO _____ TOTAL NUMBER OF DAYS: 2

MENU INFORMATION (type of food served): _____

SETUP INFORMATION

WATER SUPPLY: ☒ PUBLIC WATER ☐ ON SITE WELL ☐ *OTHER _____WASTE WATER DISPOSAL: ☒ PUBLIC SEWER ☐ SEPTIC TANK ☐ *OTHER _____REFUSE DISPOSAL PROVIDED BY: Town of Hemingway

* please specify type of water, disposal (example: contracted pump and haul with contractors name, port-o-let, ect.)

I, the undersigned, have studied the "Rules and Regulations governing temporary food service, special event establishments" of South Carolina Department of Health and Environmental Control and am familiar with the applicable sections. I have complied with all 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, storage procedures, 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 temporary food service establishment.

FOR MORE INFORMATION CALL:

843-928-1151 MAIN OFFICE 843-756-4027 LORIS
843-399-5553 STEPHENS CROSS RD 843-249-1506 CONWAY_____
SIGNATURE