



Food Vendor Application Event Form (Anderson Lights of Hope Events ONLY)

Complete and return form to Anderson Lights of Hope
at least **10 days** before the start date of this event.

For assistance, please contact Ben Phillips at **1-864-933-2547** or ben@andersonlightsofhope.org

Mail to Anderson Lights of Hope, PO BOX 1413, Anderson, South Carolina, 29622

Vendor Information

Contact Name:		Vendor Name:
Corporation/Numbered Company:		
Address:		Has Anderson Co inspected you this year? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/town:	Postal Code:	Fax:
Business Phone:	Cell Phone:	Email Address:

Event Information

Event Name:	Event Location/Address:
Participation Start Date:	Last Date of Participation:
Days of operation (check all days that apply): <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Hours of Operation:

Proposed Food Menu (if you need additional space to list all food and suppliers, attach a separate page)

Food Item(s) Offered to the Public	Name and Address of Source(s)/Supplier(s)	
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:
	Name:	
	Address:	Phone:

Food Safety Inventory

Management and Employee Food Safety Knowledge

Will a certified food handler be on-site each day that you are participating in this special event? Yes No

If yes, how many certified food handlers will be present:

Cold Holding Refrigerator (4C or lower) An insulated cooler with ice (4C or lower)
 How do you intend to keep food cold? Chest freezer (-18C or lower) Other (specify):

Hot Holding Steam table BBQ/Grill
 How do you intend to keep food hot? Chafing dishes Other (specify):

Food Preparation – indicate the type of preparation that will be done at the event:

Vendor Event Application Form Continued

Food Handling and Storage

Contact Name: _____

What type of equipment will you have on-site to handle and store food? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Temporary Handwashing station | <input type="checkbox"/> Liquid soap with paper towels | <input type="checkbox"/> Two compartment dishwashing station |
| <input type="checkbox"/> Sanitizing solution | <input type="checkbox"/> Hairnets/hats | <input type="checkbox"/> Probe thermometers |
| <input type="checkbox"/> Thermometers for coolers/refrigerators | | <input type="checkbox"/> Serving utensils – specify total number: |
| <input type="checkbox"/> Other (specify): | | <input type="checkbox"/> Cooking utensils – specify total number: |

Equipment Layout for Booth – This section must be completed

Provide an equipment layout for your booth at the event. The layout can be hand drawn in the space below or attached to this application.

Please take the following into consideration:

- At a minimum, temporary handwashing stations must consist of an insulated container with a spigot that provides a continuous flow of running water, liquid soap, paper towels and a bucket to collect waste water. The temporary handwashing station must be set up on an elevated surface (i.e., table).
- Hand sanitizers do not replace the requirement for handwashing stations.

Comments

Date:

Public Health Inspector's Signature

Vendor's Signature

NOTICE OF COLLECTION

Personal information requested by staff is collected under the authority of the *Health Protection and Promotion Act* and will be used to provide statistical data to the Anderson County Health Department.