

Environmental Health Services  
Brevard County Government Center  
2725 Judge Fran Jamieson Way, Building A  
Viera, FL 32940  
(321) 633-2100 (321) 633-2163 FAX

**SPONSOR NOTIFICATION FORM FOR TEMPORARY EVENTS**

Name of event \_\_\_\_\_

Address of event \_\_\_\_\_

Date(s) of event \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Sponsor of event \_\_\_\_\_

Address of sponsor \_\_\_\_\_

Person in charge of food service \_\_\_\_\_

Phone \_\_\_\_\_ Number of food and beverage booths \_\_\_\_\_

Estimated number of attendees expected at the event at one time? \_\_\_\_\_

Number of toilets to be provided:

Portable: Male ( ) Female ( ) Location \_\_\_\_\_

Permanent: Male ( ) Female ( ) Location \_\_\_\_\_

Method of toilet waste disposal: \_\_\_\_\_

Describe method/frequency of liquid kitchen waste disposal: \_\_\_\_\_

Describe containers and method of solid waste disposal (garbage): \_\_\_\_\_

Number of solid waste disposal containers provided: \_\_\_\_\_

Describe facilities and method of hand washing/location: \_\_\_\_\_

Describe facilities and method of utensil washing, rinsing and sanitizing: \_\_\_\_\_

Source of potable water: \_\_\_\_\_

As the sponsor of this event you are responsible to notify all food vendors of the temporary food service requirements. Failure to comply may subject the booths to be closed for public health reasons. Do you understand this completely?  Yes  No

I certify that to the best of my knowledge and belief all of the 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 the Florida Administrative Code, Chapter 64E-11, Florida Statute 381.0072.

\_\_\_\_\_  
Signature of Sponsor's Agent

\_\_\_\_\_  
Date



Rick Scott  
Governor

H. Frank Farmer, Jr., M.D., Ph.D.  
State Surgeon General

**INDIVIDUAL BOOTH NOTIFICATION FORM FOR TEMPORARY EVENTS**

Name of Event: \_\_\_\_\_

Name of Booth: \_\_\_\_\_

Person in charge of Booth: \_\_\_\_\_

Type of food or beverage to be served: \_\_\_\_\_

Florida Administrative Code, Chapter 64E-11 requires all food to come from an approved source. All food storage, preparation, and utensil cleaning for this event shall not be done in private homes.

Location of advanced food preparation: \_\_\_\_\_

How will food be transported to event location: \_\_\_\_\_

Method of keeping food hot and/or cold at event site: \_\_\_\_\_

Method of preparing or cooking food at the event site: \_\_\_\_\_

Food must be protected from dust, insects, flies, coughs, and sneezes. How will you provide this protection? Describe type of structure: \_\_\_\_\_

Adequate facilities and supplies shall be provided for employee handwashing. How will you provide this? \_\_\_\_\_

Failure to comply with applicable food service requirements in accordance with Chapter 64E-11, Florida Administrative code, may result in enforcement action. Do you understand this completely?

I certify that to the best of my knowledge and belief all of the 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 the Florida Administrative Code, Chapter 64E-11.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date