

**PASCO COUNTY HEALTH DEPARTMENT
TEMPORARY EVENT SANITATION APPLICATION**

This form is to be completed and submitted to:
Pasco County Health Department
Environmental Health Services

5640 Main Street
New Port Richey, Fl., 34652
(727) 841-4425 opt. 5
FAX (727) 484-3866

13941 15th Street
Dade City, FL., 33525
(352) 521-1450 opt. 5
FAX (727) 484-3866

-
1. Name of Event: _____
 2. Sponsor/Applicant/Agent Name: _____
 3. Mailing Address (for the above): _____
 4. Telephone (for the above): _____
 5. Location of Event: _____
(copy of site plan required)
 6. Expected Number of attendance (per day): _____
 7. Duration of Event (days/dates/times): _____
 8. Will Overnight Camping Be Allowed: YES _____ NO _____
 9. Toilet service provided by: _____
(copy of contract required)
 10. Dumpsters/Trash pick-up provided by: _____
(copy of contract required)
 11. Handwashing sinks provided by: _____
(copy of contract required)
 12. Will Food Service be provided: YES _____ NO _____ (if Yes provide a list of vendor names)

The above () does () does not comply with the minimum requirements of Chapter 64E-6.010 of the Florida Administrative Code.

When this form is completed, fee paid and Pasco County Health Department has signed off, return to:

Pasco County Government Complex
Development Review Division

OR

City Government Complex
(that the event is being held in)

Signature of Applicant/Agent/Sponsor

Pasco CHD Representative

Date

Date

FEE: \$30 / \$60.00

Date Paid: _____

Receipt # _____

Florida Department of Health – Pasco County
Environmental Health Services
5640 Main Street, New Port Richey, Florida 34652
PHONE: 727/ 841- 4425 opt. 5 • FAX (727) 484 -3866