



The Running Event November 29 - November 30, 2023 Austin Convention Center, Austin TX

DEADLINE: OCTOBER 18, 2023

BOARD OF HEALTH REQUIREMENTS FOR TEMPORARY FOOD SERVICE ESTABLISHMENTS/EVENTS

The City of Austin Public Health Department requires that any organized event or celebration at which food is served or open beverage service is provided and taking place at a location for no more than 14 consecutive days in conjunction with the event submit a temporary food event application and obtain temporary food booth permit(s). As the organizer of the temporary event, Diversified Communications is responsible for submitting the application and picking up the necessary Temporary Food Booth Permit(s) for each booth requiring a permit for food/beverage distribution at The Running Event.

A permit is only required if an exhibitor distributes open (unpackaged) samples of their food or beverage product or handles food/beverage that requires refrigeration.

Event Management will apply on your behalf for obtaining the permit from the Austin Public Health Department. <u>The cost for your temporary food event permit is \$280.00 to be paid by check (payable to Diversified</u> <u>Communications) for The Running Event</u>. Payment by credit card can be arranged by contacting event operations at <u>bmyers@divcom.com</u>.

Exhibitors requiring a permit MUST submit the 'Temporary Food Service Application' and check to Event Management by Wednesday, October 18, 2023. Austin Public Health requires ALL questions on the application form be answered with information provided - they will not accept uncompleted forms.

If you have any questions or to pay by credit card, please contact Brendan Myers at 207-842-5467 or bmyers@divcom.com.

Food & Beverage Sample Sizes at the Austin Convention Center are as follows:

- Food items are limited to one ounce (1 oz.) "bite size" portions
- Non-alcoholic beverages items are limited to three ounces (3 oz.) portions

If an exhibiting company wishes to distribute larger portion sizes, approval must be granted by Austin Convention Center Catering and a fee may be applied. Please contact ACC Catering at (512) 404-4140.

PLEASE COMPLETE AND MAIL THE FOLLOWING FORM WITH A CHECK IN THE AMOUNT OF \$280.00, PAYABLE TO DIVERSIFIED COMMUNICATIONS, TO:

Diversified Communications The Running Event Attn: Brendan Myers, Operations 121 Free Street Portland, ME 04101 USA

TRARY FOOD SERVICE APPLICA

Booth Responsible Party Identification

Each individual booth operator or responsible party is required to complete and submit the following form as part of a complete application. Please print and use additional sheets if applicable.

Booth F	Responsible Party:						
Booth N	NAME AND BOOTH NUMBER						
	(Ex. Business Nan	ne or Name for individ	dual booth)				
Is this a	a mobile vending unit? 🗌	Yes 🗌 No	Where is the mobi *Supervisor approval		permitted	?	
Type of	f food/beverages to be ser	ved (check all tha	t apply):				
	Hot foods:						
	Colds foods:						
	Beverages:						
The foo	od will be obtained from th	e following appro	oved sources (check	call that apply)	:		
	I operate from/own a perm	nitted food facility (s	such as a restaurant).				
	Food Facility Name:						
	Food Facility Address:						
		Address		City	State	Zip	
	I will purchase food from a the food directly to the even						
	Food Facility Name:						
	Food Facility Address:						_
		Address		City	State	Zip	
understa at all tim Failure t against	v certify that I have received and that, as a condition of n nes. I will conform to these to do so may result in the in me in the Municipal Court o County Precinct Court. I und	ny operation at this guidelines and ens nmediate suspension of the City of Austin	event, I am responsil ure that all individuals on of my operation at for a violation of thes	ble to ensure that s involved in this this event and r se guidelines an	at these gui operation nay result in d the Code	delines are s conform to th n a complain of the City o	strictly adhered to nese guidelines. It being filed If Austin or in
Signatu	ıre:	P	rinted Name:			D ate	e:
Mailing	Address: Address			City			State Zip
Driver's	s License: DL #	State	Date of Birth:	I	Phone Nun		
	DL #	State					

