Coordinator's Application for a Temporary Event with Food Vendors

Please print or type the information requested below and return the completed application by mail or fax to the Health Department. <u>Each food vendor must complete the "Application for Permit to Operate a Temporary Food Establishment".</u> The vendor application(s) should be submitted at least 10 days prior to the date of the event. The coordinator is responsible for timely submission of all applications. For more information, contact the Health Department.

NAME OF THE EVE	NAME OF THE EVENT:					
Location & Address of Event:						
Date(s) of Event:	Starts on: Ends on		MM/DD/YY) at MM/DD/YY) at			
Type of Event (Circ	le): Fair Festival	Carnival	Other:			
NAME OF COORDI	NATOR OR PERSON-II	N-CHARGE OF	THE EVENT			
Address:						
Phone Numbers	Fax: ()					
Email Address:	· · · · · · · · · · · · · · · · · · ·					
	CIPATED FOOD VENDORS (i.e. restaurants, non-profit organizations, lors with food samples, mobile food catering units, etc)					
NOTE: This is the time This time should be at	F THE FOOD OPERATION TO THE FOOD VE you have ask the food ve least 1 hour prior to the so	ndors to be ready	event. Please allow m	ore time for events w		

5.	SERVICES PROVIDED ON SITE TO THE FOOD VENDORS (Check all that apply):				
	a.	Water Supply:	☐ There is access to a potable water supply line on site		
			☐ Vendors must bring their own water supplies		
	b.	Electricity	☐ There is access to electricity on site		
			☐ Vendors are allowed to use generators on site.		
			☐ There will be no electricity on site.		
	c.	Liquid waste	☐ There will be liquid waste container/receptacle on site.		
		Disposal:	☐ Vendors must collect and remove their own liquid waste.		
	d.	Trash/Refuse	☐ There will be trash containers/receptacles on site.		
		Disposal	☐ Vendors must collect and remove their own trash		
	e.	Tents or	☐Tents or canopies for food stands/booths will be provided.		
		Canopies	☐ Food Vendors must provide their own overhead protection.		
	Est	imated Attendan	ce:		
	Number of Toilet Facilities:		cilities: Type: □Public Restrooms □ Portable Toilets		
	Ple	ase be aware tha	at food vendors may be limited in their menu they can offer if these services are not		
	pro	ovided at the eve	nt. The event coordinator is responsible for informing the vendors of any restriction		
	you	u must impose.			

6. ATTACH A LIST OF ALL PROPOSED FOOD VENDORS AND THEIR CONTACT INFORMATION. ATTACH A MAP SHOWING THE EVENT LAYOUT OF THE FOOD VENDORS, TOILET FACILITIES, GARBAGE DISPOSAL SITES, AND WASTEWATER DISPOSAL SITES.