

# Temporary Food Event Coordinator's Application

FEE: \$75.00 APPLICATION SUBMISSION DATE: \_\_\_\_\_

1. NAME OF EVENT: \_\_\_\_\_

2. LOCATION OF EVENT: \_\_\_\_\_

DESCRIBE SITE OF EVENT: \_\_\_\_\_

\_\_\_\_\_

3. DATES & TIMES OF EVENT: \_\_\_\_\_

4. NAME(S) OF EVENT COORDINATOR(S)/RESPONSIBLE INDIVIDUAL(S):

NAME	ADDRESS	PHONE NUMBER
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4a. \_\_\_\_\_

4b. \_\_\_\_\_

5. NAME OF THE ON-SITE COORDINATOR & HOW THIS INDIVIDUAL CAN BE CONTACTED DURING ENTIRE EVENT:

NAME	ADDRESS	PHONE NUMBER
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\_\_\_\_\_

6. EXPECTED NUMBER OF PATRONS: \_\_\_\_\_

EXPECTED PEAK DAYS: \_\_\_\_\_

ANTICIPATED NUMBERS OF PATRONS PER DAY: \_\_\_\_\_

7. NUMBER OF TFE SITES/OPERATIONS: \_\_\_\_\_

8. DATE & TIME THAT FOOD SERVICE OPERATIONS WILL BE SETUP:

\_\_\_\_\_

9. DESCRIBE TOILET & HANDWASHING FACILITIES (TYPE, NUMBER, AND LOCATION): \_\_\_\_\_

9a. INDICATE WHO WILL BE RESPONSIBLE FOR THEIR MAINTENANCE DURING THE EVENT: \_\_\_\_\_

9b. IF PORTABLE TOILETS ARE TO BE USED, HOW OFTEN WILL THEY BE SERVICED (EMPTIED) DURING THE EVENT? \_\_\_\_\_

10. WILL ELECTRICITY BE PROVIDED TO THE TFE SITES? \_\_\_\_ YES \_\_\_\_ NO

IF YES, PLEASE DESCRIBE HOW? \_\_\_\_\_

11. DESCRIBE POTABLE WATER SUPPLY: \_\_\_\_\_

*(Note: If a non-public water supply is to be used, the results of the most recent water test must be submitted.)*

12. DESCRIBE WASTEWATER DISPOSAL SYSTEM: \_\_\_\_\_

13. DESCRIBE GARBAGE DISPOSAL: \_\_\_\_\_

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Regulatory Office may nullify final approval.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Approval of these plans and specifications by this Regulatory Authority does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

APPROVAL: \_\_\_\_\_ DISAPPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Permit Restrictions: \_\_\_\_\_

Permit Effective Dates: \_\_\_\_\_

Reason(s) for Disapproval: \_\_\_\_\_

Reviewer Signature & Title: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_