TEMPORARY FOOD EVENT COORDINATOR’S APPLICATION

(To be completed for events with several temporary food vendors)

APPLICATION SUBMISSION DATE: _________________

Name of Event: ________________________________________________

Location of Event: ______________________________________________

Describe site of event:
____________________________________________________________________________
____________________________________________________________________________

Names of Event Coordinator(s) responsible:

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<th>Name</th>
<th>Address</th>
<th>Phone Number (cell)</th>
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Name of the on-site coordinator and how this individual can be contacted during the entire event:

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<th>Name</th>
<th>Address</th>
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Expected number of patrons: ________________________________
Expected peak days: _______________________________________
Anticipated numbers of patrons per day: _______________________

*Attach additional sheets as necessary*
Number of TFE sites/operations: __________________________________________

Name of individual responsible for each TFE site:

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Date & Time that food service operations will be setup: __________________________________________

Describe toilet & handwashing facilities (type, number & location):
________________________________________________________________________________________
________________________________________________________________________________________

Indicate who will be responsible for their maintenance during the event: __________________________

If portable toilets are to be used, how often will they be serviced (emptied) during the event?
________________________________________________________________________________________

Will electricity be provided to the TFE sites? ______ Yes ______ No
If yes, please describe how? _________________________________________________________________

Describe potable water supply:
________________________________________________________________________________________
________________________________________________________________________________________

Describe wastewater disposal system (for TFE vendors using a tent, a gray water container protected from the public must be provided for their wastewater disposal):
________________________________________________________________________________________

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 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 preopening 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.

Approved _______  Disapproved _______

EHS_________________________________________ Date _________________________