

TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION

(Completed for events with multiple temporary food vendors)

1. DATE APPLICATION SUBMITTED (YYYYMMDD)	2. NAME OF EVENT
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3. EVENT LOCATION <i>(Installation; street address; site name)</i>	4. EVENT SITE DESCRIPTION <i>(Parade field; paved lot; etc.)</i>
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5. EVENT DATE(S) AND TIME(S)

6. EVENT COORDINATORS OR RESPONSIBLE INDIVIDUALS		
a. Name <i>(first & last)</i>	b. Address <i>(include ZIP Code)</i>	c. Phone <i>(include area code)</i>

7. ONSITE COORDINATORS <i>(Provide information for contact during entire event)</i>		
a. Name <i>(first & last)</i>	b. Address <i>(include ZIP Code)</i>	c. Phone <i>(include area code)</i>

8. EXPECTED <u>TOTAL</u> NUMBER OF PATRONS:	9. ANTICIPATED NUMBER OF PATRONS <u>PER DAY</u>:	10. EXPECTED PEAK DAYS <i>(Specify the date or days of the week):</i>
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11. Planned number of temporary food operations or concessions during this venue:

12. INDIVIDUALS RESPONSIBLE FOR EACH TEMPORARY FOOD OPERATION

a. Concession Name	b. Operator Name <i>(first & last)</i>	c. Address <i>(include ZIP Code)</i>	d. Phone <i>(include area code)</i>

13. Date and time food service operations will be set up:

14.a. Describe toilet and hand wash facilities that will be available onsite *(type; number; location)*:

b. Who is responsible for toilet/hand wash facility maintenance during the event? *(name, organization, & phone)*

c. If portable toilets are used, how often will they be serviced during the event? *(provide frequency, interval, or dates)*

15. Will electricity be provided to temporary food establishment sites? Yes* No
 * If Yes, describe how:

16. Describe the potable water supply available onsite *(to support food concessions & hand wash)*:
*Note: If a non-public water supply is to be used (i.e., well water), the results of the most recent water test must be submitted with this application.*

17. Describe wastewater disposal system available onsite:

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18. Describe garbage disposal during the event (*type, number, location of containers; removal*):

19. Number of attached continuation pages:

20. APPLICANT/COORDINATOR 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 Medical Authority or designated representative and the event sponsor may nullify final approval.

a. APPLICANT/COORDINATOR SIGNATURE

b. DATE

c. CO-APPLICANT/COORDINATOR SIGNATURE

d. DATE

21. REGULATORY AUTHORITY: 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 completed food establishments (structure or equipment). A pre-opening inspection of all food operations with equipment in place and operational will be necessary to determine compliance with the Tri-Service Food Code and local and state laws governing food service establishments.

Approved

Date *MM/DD/YYYY*

Disapproved

Date *MM/DD/YYYY*

Establishment Restrictions:

Reason(s) for Disapproval:

22. AUTHORIZED DATES TO OPERATE

23.a. REVIEWER (*Print full name and rank*)

b. TITLE

c. SIGNATURE

d. DATE