

Environmental Health Services



Temporary Food Event - Coordinator's Checklist

Name of event: _____
 Date(s) of event: _____
 Location/Address of event: _____
 Event hours of operation: _____
 Time of event set-up: _____
 Event coordinator name: _____ On-site phone #1: _____
 Address: _____ Phone #2: _____
 Email: _____ Alternate email: _____ Fax: _____
 Number of food booths expected: _____
 Number of food carts expected: _____ (attach name of food carts)



- Have food vendors been notified to submit a temporary restaurant license application and pay license fee two weeks PRIOR to the event? Yes No
- Will there be food vendor meetings prior to the event? Yes No
 If yes: Date: _____ Time: _____ Location: _____
- Will you provide electricity for the food vendors?..... Yes (Public Utility Generators) No
- Will you provide equipment/utensil washing facilities for the food vendors?..... Yes No
 If yes describe: _____
- Will you provide refrigeration for the food vendors? Yes No
 If yes describe: _____
- Describe the restroom facilities: _____
- Describe the hand washing facilities with/in the restroom: _____
- Describe the water supply: _____
- Describe the waste water disposal: _____
- Describe the garbage disposal (include the frequency of pick-up): _____

Print your name: _____ Date: _____
 Signature: _____

*****Submit this completed form to the address below at least 30 days before the event.**