Festival Food Vendor Coordinator Information Sheet

Name of Event:
__________________________________________________________________________________________________

Address of Event:
__________________________________________________________________________________________________

Date(s) & Time(s) of Event:
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Name(s) of Event Coordinator(s)/Planner(s):

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

On-Site Coordinator and contact number during the event:
Name _________________________________________________
Cell Phone Number _________________________
Number of Food Vendor(s): _________________
Date(s) & Time(s) foods will be served:
__________________________________________________________________________________________________

The Event Coordinator Information Sheet must be submitted at least thirty (30) business days prior to the scheduled event.

Any changes to the Event Coordinator Information Sheet shall be submitted not less than fourteen (14) business days prior to the event.

Each food vendor must submit a Temporary/Seasonal Food License Application with the appropriate fee at least fourteen (14) business days prior to the day of the event.
Individual Food Vendor Information: (please attach additional sheets as needed)

Name ______________________ Address ______________________ Phone Number ______________________ Email ______________________

1. __________________________________________________
2. __________________________________________________
3. __________________________________________________
4. __________________________________________________
5. __________________________________________________

Event Site Description:

1. Describe potable water supply: □ Public Water □ Well Water □ I do not know
   *If a well water supply is to be used, the results of the most recent water test must be submitted.*

2. Describe wastewater disposal system: □ Public □ Septic System □ I do not know

3. Describe method of trash removal:
   __________________________________________________

4. Will electricity be provided to each individual site: □ Yes □ No
   *Vendors are required to have refrigeration to maintain potentially hazardous foods at/below 41° F.*

Event Coordinator/Planner Signature(s) ____________________________________________
Submission Date ________________________________

Pike County Health Department • Environmental Health Program
606 West Adams Street • Pittsfield IL 62363 • 217/371-9540 • FAX 217/285-4639 • www.pikecoilhealth.org

Office Use Only

Reviewer’s Signature and Title ____________________________ Date ____________

Notes:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________