

Pike County Health Department 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):

Name

Address (city, state)

Phone Number

1. _____

2. _____

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. If there are changes before the event date, please notify the Health Department.

Each food vendor must submit a Temporary Food License Application with the appropriate fee at least fourteen (14) business days prior to the day of the event.

Individual Food Vendor Information: (MUST HAVE CONTACT INFORMATION)

Name

Address (city, state)

Phone Number

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

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
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Office Use Only

Reviewer's Signature and Title

Date

Notes:

