

**RUTHERFORD POLK MCDOWELL HEALTH DISTRICT**  
**EVENT COORDINATOR APPLICATION FOR A TEMPORARY FOOD EVENT**

**Event Name:** \_\_\_\_\_

**Date(s) of Event:** \_\_\_\_\_

**Event Location:** \_\_\_\_\_

**Primary Event Coordinator/ Responsible Individual Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Secondary Event Coordinator/ Responsible Individual Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**1. Number of anticipated food booths:** \_\_\_\_\_

**2. Food Booth set-up time:** \_\_\_\_\_

**3. Water supply source:** \_\_\_\_\_

**4. Liquid Waste / Grease Disposal Method:** \_\_\_\_\_

**5. Garbage Disposal Method:** \_\_\_\_\_

**6. Will running water be supplied at the immediate site of each vendor?** \_\_\_\_\_

If No, how far will vendor need to run hoses from the water source? \_\_\_\_\_

**7. Will electricity be provided to the food booths?** \_\_\_\_\_

If, No, list the food booths without electricity; \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. Estimated attendance:** \_\_\_\_\_

**9. Will permanent toilet facilities, or portable toilets be provided?** \_\_\_\_\_

**Please submit a diagram of the event booth lay-out. Include all vendors, streets, and walkways.**

**THE EVENT COORDINATOR IS RESPONSIBLE FOR PROVIDING**  
**HEALTH DEPARTMENT APPLICATIONS TO ALL FOOD VENDORS, (Including Exempt Vendors)**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE COMPLETE THE ABOVE FORM AND MAIL IT TO THE HEALTH DEPARTMENT**  
**AT LEAST 14 DAYS PRIOR TO THE EVENT DATE**

**COUNTY CONTACT: OFFICE HOURS MONDAY THROUGH FRIDAY 8:30 – 9:30 AM**

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