Dear Event Coordinator:

In an effort to help you with the organization of your event, when it includes food vendors, enclosed is an Event Coordinator Application. Please fill this application out and return it to Public Health a minimum of 14 days prior to your event. In the packet you will also find documents currently being used for food vendor approval at your event.

As an event coordinator there are several issues that need to be addressed prior to the event. An adequate number of local or portable toilets with hand washing facilities shall be provided for the food vendors and patrons. If adjacent buildings can not provide enough services then a licensed contractor will need to provide portable toilet services. The recommended number of portable toilets to be available at special events is based on the duration of the event and number of people expected to attend the event. Enclosed is a portable sanitation units table that will aid you in determining how many toilets you will need for your event.

A disposal system for gray water (e.g. dishwashing wastewater) for all food vendors must be readily available. Disposal of gray water must be provided at an approved facility. Backflow prevention devices will need to be addressed if you are allowing vendors potable water service from a public water supply. Discuss the rules addressing backflow protection with your local authorities.

Some vendors may need to dispose of cooking grease and oils during the event. A contractor can provide grease barrels for pick-up and disposal at an approved facility, or the vendor may dispose of the waste according to the law. Electrical hook up and garbage disposal may also need to be addressed.

*Please note* all food vendors *must* make an application with Public Health - Idaho North Central

If you have any questions, contact your local Environmental Health Specialist at one of the locations listed above.

Sincerely,

Environmental Health Specialist

Enclosures
Event Coordinator Application

Application Submission Date:____________________

_____________________________________________________________________________

NAME OF EVENT

_____________________________________________________________________________

DATE(S) OF EVENT

LOCATION OF EVENT

DATE & TIME THAT FOOD SERVICE OPERATIONS WILL BE SET UP

NAMES(S) OF EVENT COORDINATOR/ OR CONTACT RESPONSIBLE INDIVIDUAL(S):

(1)

Phone Number _____________ FAX ___________ E-MAIL ____________________________

(2)

Phone Number _____________ FAX ___________ E-MAIL ____________________________

(3)

Phone Number _____________ FAX ___________ E-MAIL ____________________________

On a separate sheet, provide a lay out of all vendors and service locations (portable toilets, hand washing facilities, electricity, water, grease and gray water disposal etc) at the event

PROVIDE VENDOR LIST TO THE LOCAL ENVIRONMENTAL HEALTH SPECIALIST (Next Page)
INVENTORY OF FOOD CONCESSIONAIRES
AT ALL COMMUNITY EVENTS IN DISTRICT II

Return this form to the local Health Department office 14 days prior to the event.

Name of event: __________________________________________________________

Dates of event: __________________________________________________________

Mailing address: _________________________________________________________

Phone number: __________________________________________________________

Contact person: _________________________________________________________

Name of booth or organization ____________________________________________
Temporary facility ______ Mobile unit ______
Primary foods served ______________________________________________________
Mailing address of organization ___________________________________________
Name of contact person ____________________________________ Phone # __________

Name of booth or organization ____________________________________________
Temporary facility ______ Mobile unit ______
Primary foods served ______________________________________________________
Mailing address of organization ___________________________________________
Name of contact person ____________________________________ Phone # __________

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Name of contact person ____________________________________ Phone # __________