

WEST HAVEN HEALTH DEPARTMENT

**ORGANIZER'S APPLICATION FOR
TEMPORARY FOOD EVENT**



Date: _____

Name of event: _____

Date(s) and time(s) of event: _____

Location of event: _____

Name of sponsor/organizing agency _____

Person responsible for the event:

Name: _____

Street: _____

City: _____

State: _____ Zip: _____ Phone: _____

Phone 2: _____

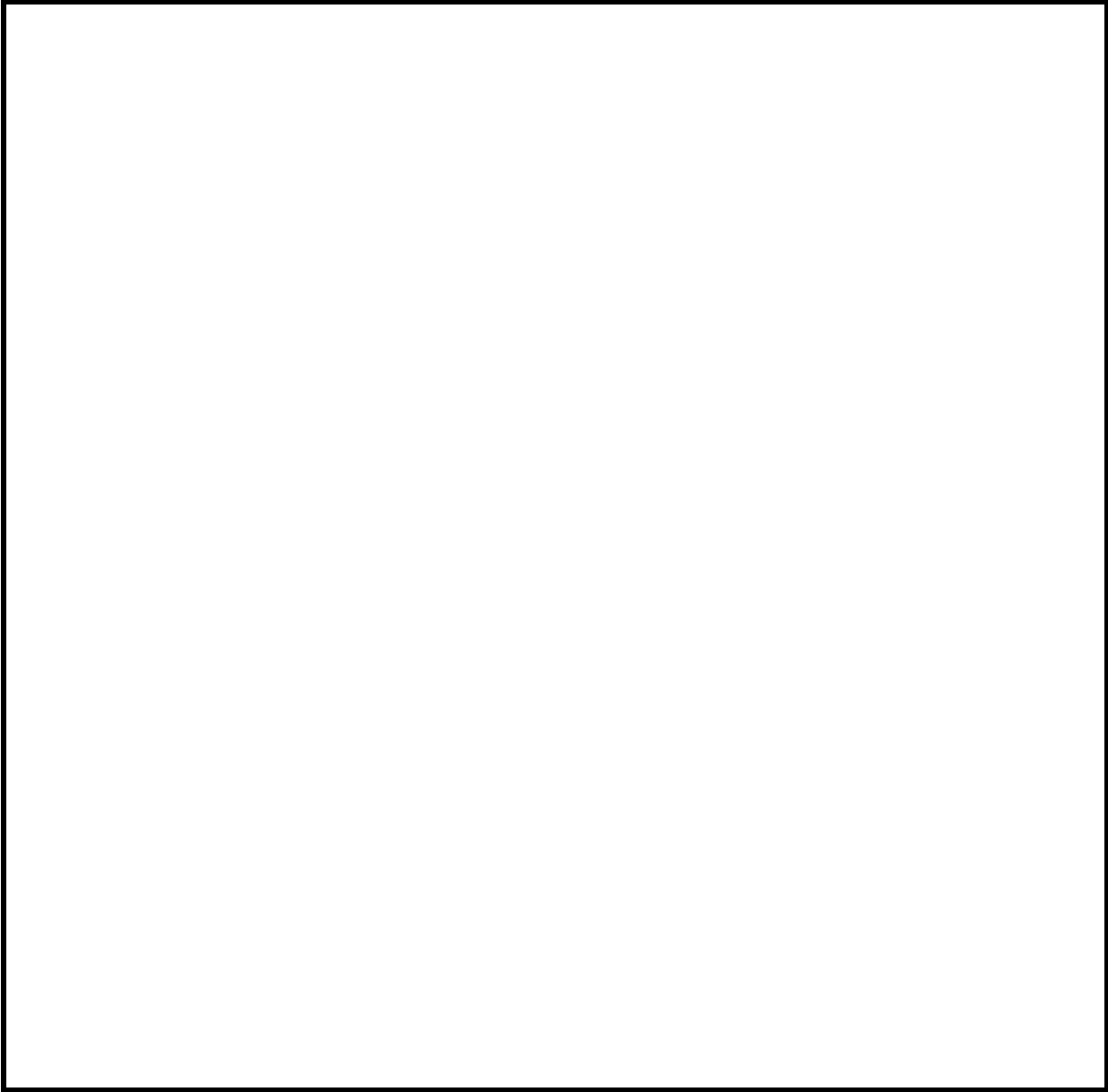
Signature _____

Is this a not-for-profit organization? No Yes

State tax number _____

EVENT PLOT PLAN

Please draw a sketch of the proposed event lay-out, or provide a plan of the venue. Indicate the placement of the individual food booths, toilet facilities, potable water source, refuse disposal facilities, tents, parking areas and other major components.



REFERENCE _____

In the chart below, please check which facilities or services you will be providing and those facilities or services that the individual food booth operator is expected to supply.

ITEM	SUPPLIED BY	
	ORGANIZER	BOOTH OPERATOR
Tent/enclosure		
Flooring		
Tent sides		
Electricity		
Propane gas		
Potable water supply to booth		
Potable water supply at site		
Wastewater disposal at booth		
Wastewater disposal at site		
Trash cans for public		
Trash cans within booth		
Refuse disposal facility		
Refrigeration		
Freezer		
Hand-washing facilities		
Equipment/utensil washing facilities		
Lighting		
Public toilets and hand-washing facilities		
Toilets for food handlers		
Fee payment		