Temporary Food Event 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>
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<tbody>
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On-Site Coordinator and contact number during the event:

Name ____________________________  Cell Phone Number ____________________________

Number of Food Vendor(s): __________

Do you need copies of applications and requirements to provide to food vendors? .......○ Yes ........○ No

Date(s) & Time(s) foods will be served: ____________________________

The Event Coordinator Information Sheet must be submitted at least fifteen (15) business days prior to the scheduled event.

Any changes to the Event Coordinator Information Sheet shall be submitted not less than seven (7) business days prior to the event.

All food vendors must be ready for inspection at the SAME DATE & TIME.

Each food vendor must submit a Temporary Food License Application with the appropriate fee at least five (5) business days prior to the day of the event.

For questions email: environmentalhealth@peoriacounty.org

Form continued on other side...
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:

   - o Public Water
   - o Well Water
   - o 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:

   - o Public
   - o Septic System
   - o I do not know

3. Describe method of trash removal:

4. Will electricity be provided to each individual site:

   - o Yes
   - o No

Vendors are required to have mechanical refrigeration to maintain potentially hazardous foods at/below 41°F.

Event Coordinator/
Planner Signature(s) ____________________________ Submission Date ____________

Peoria City/County Health Department • Environmental Health Program
2116 N. Sheridan Rd. • Peoria IL 61604 • 309/679-6161 • FAX 309/679-6174 • www.pcchd.org

Office Use Only

Reviewer’s Signature and Title ____________________________ Date ____________

Notes: ____________________________

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