



# TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION

Director  
202-513-7217

Deputy Director  
202-513-7224

Epidemiologist  
202-513-7160

National Capital  
202-619-7070

Northeast  
978-970-5033

Southeast  
404-562-3124  
x697

Midwest  
402-221-3786

InterMountain  
303-969-2922

Desert Southwest  
505-988-6040

Pacific West/Pacific  
Islands/Alaska  
510-817-1375  
206-220-4270

### Web Resources

**NPS Public Health:**  
[http://www.nps.gov/public\\_health/](http://www.nps.gov/public_health/)

**CDC:**  
<http://www.cdc.gov>

**State and Local Health Departments:**  
<http://www.cdc.gov/mmwr/international/relres.html>

(To be completed for events with several temporary food vendors)

APPLICATION SUBMISSION DATE: \_\_\_\_\_

1. NAME OF EVENT:

\_\_\_\_\_

2. LOCATION OF EVENT:

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE SITE OF EVENT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. DATES & TIMES OF EVENT:

\_\_\_\_\_

\_\_\_\_\_

4. NAME(S) OF EVENT COORDINATOR(S)/RESPONSIBLE INDIVIDUAL(S):

NAME	ADDRESS	PHONE NUMBER
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____

5. NAME OF THE ON-SITE COORDINATOR & HOW THIS INDIVIDUAL CAN BE CONTACTED DURING ENTIRE EVENT:

NAME	ADDRESS	PHONE NUMBER
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6. EXPECTED NUMBER OF PATRONS:

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EXPECTED PEAK DAYS:

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ANTICIPATED NUMBERS OF PATRONS PER DAY:

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\*\*Attach additional sheets as necessary\*\*

7. NUMBER OF TFE SITES/OPERATIONS:

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8. NAME OF INDIVIDUAL RESPONSIBLE FOR EACH TFE SITE:

NAME	ADDRESS	PHONE NUMBER
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a. 

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b. 

---

c. 

---

d. 

---

e. 

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9. DATE & TIME THAT FOOD SERVICE OPERATIONS WILL BE SETUP:

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10. DESCRIBE TOILET & HANDWASHING FACILITIES (TYPE, NUMBER, AND LOCATION):

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a. INDICATE WHO WILL BE RESPONSIBLE FOR THEIR MAINTENANCE DURING THE EVENT:

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b. IF PORTABLE TOILETS ARE TO BE USED, HOW OFTEN WILL THEY BE SERVICED (EMPTIED) DURING THE EVENT?

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11. WILL ELECTRICITY BE PROVIDED TO THE TFE SITES? \_\_\_\_ YES \_\_\_\_ NO

IF YES, PLEASE DESCRIBE HOW?

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12. DESCRIBE POTABLE WATER SUPPLY:

\_\_\_\_\_  
\_\_\_\_\_

(NOTE: IF A NON-PUBLIC WATER SUPPLY IS TO BE USED, THE RESULTS OF THE MOST RECENT WATER TEST MUST BE SUBMITTED)

13. DESCRIBE WASTEWATER DISPOSAL SYSTEM:

\_\_\_\_\_  
\_\_\_\_\_

14. DESCRIBE GARBAGE DISPOSAL:

\_\_\_\_\_

\*\*Attach additional sheets as necessary\*\*

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Regulatory Office may nullify final approval.

Signature(s)

\_\_\_\_\_

Date: \_\_\_\_\_

Approval of these plans and specifications by this Regulatory Authority does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Regulatory Authority:

APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Permit Restrictions:

\_\_\_\_\_  
\_\_\_\_\_

Permit Effective Dates:

\_\_\_\_\_

DISAPPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

Reason(s) for Disapproval:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewer Signature & Title

\_\_\_\_\_

Date: \_\_\_\_\_