

Temporary Food Event - Coordinator's Checklist

Name of event: _____

Date(s) of event: _____

Location/Address of event: _____

Event hours of operation: _____

Time of event set-up: _____

Event coordinator name: _____ On-site phone #1: _____

Address: _____ Phone #2: _____

Email: _____ Alternate email: _____ Fax: _____

Number of food booths expected: _____

Number of food carts expected: _____ (attach name of food carts)



1. Have food vendors been notified to submit a temporary restaurant license application and pay license fee two weeks PRIOR to the event? Yes No
2. Will there be food vendor meetings prior to the event? Yes No
If yes: Date: _____ Time: _____ Location: _____
3. Will you provide electricity for the food vendors?..... Yes (Public Utility Generators) No
4. Will you provide equipment/utensil washing facilities for the food vendors?..... Yes No
If yes describe: _____
5. Will you provide refrigeration for the food vendors? Yes No
If yes describe: _____
6. Describe the restroom facilities: _____
7. Describe the hand washing facilities with/in the restroom: _____

8. Describe the water supply: _____
9. Describe the waste water disposal: _____
10. Describe the garbage disposal (include the frequency of pick-up): _____

Print your name: _____ Date: _____

Signature: _____

*****Submit this completed form to the address below at least 30 days before the event.**