



1137 South Locust Street • Grand Island, Nebraska 68801 • (308) 385-5175 • FAX (308) 385-5181

Health Department
HALL • HAMILTON • MERRICK

715 16th Street • Central City, Nebraska 68826 • (308) 946-3103 • FAX (308) 946-2086

TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION

(To be completed for events with more than 3 food vendors.)

1. NAME OF EVENT: _____

2. LOCATION OF EVENT: _____

3. EVENT DATE(S): _____ HOURS: _____ A.M./P.M. to _____ A.M./P.M.

_____ HOURS: _____ A.M./P.M. to _____ A.M./P.M.

_____ HOURS: _____ A.M./P.M. to _____ A.M./P.M.

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

NAME

ADDRESS

PHONE

A. _____

B. _____

C. _____

D. _____

E. _____

5. NAME(S) OF THE ON-SITE COORDINATOR & HOW TO CONTACT DURING THE
EVENT:

NAME

ADDRESS

PHONE

A. _____

B. _____

C. _____

6. ANNUAL EVENT? YES NO

7. EXPECTED TOTAL EVENT ATTENDANCE: _____ PER DAY: _____

EXPECTED PEAK DAY(S): _____

Attach additional sheets as necessary

8. NUMBER OF TEMPORARY FOOD ESTABLISHMENTS/OPERATIONS: _____

9. FOOD SERVICE OPERATIONS WILL BE SET UP:

DATE: _____ HOURS: _____ A.M./P.M. to _____ A.M./P.M.

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

TOILETS: _____

HAND WASHING STATIONS: _____

WHO WILL BE RESPONSIBLE FOR THEIR MAINTENANCE DURING THE EVENT?: _____

IF PORTABLE TOILETS ARE BEING USED, HOW OFTEN WILL THEY BE SERVICED (PUMPED) DURING THE EVENT? _____

11. WILL ELECTRICITY BE PROVIDED TO THE FOOD VENDORS? YES NO

IF YES, PLEASE DESCRIBE HOW? _____

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. HOW WILL WASTERWATER BE DISPOSED OF AND WHERE?: _____

14. DESCRIBE GARBAGE DISPOSAL: _____

Attach additional sheets as necessary

15. 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

Signature

Signature

Signature

Date: _____

16. APPROVAL OF THESE PLANS AND SPECIFICATIONS BY THE CENTRAL DISTRICT HEALTH DEPARTMENT 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).

REGULATORY AUTHORITY:

APPROVAL: _____ DATE: _____

PERMIT RESTRICTIONS (If Applicable): _____

PERMIT EFFECTIVE DATES: _____

DISAPPROVAL: _____ DATE: _____

REASON(S) FOR DISAPPROVAL: _____

17. DRAWING OF EVENT AREA:

IN THE FOLLOWING SPACE, PROVIDE A DRAWING OF THE ENTIRE TEMPORARY EVENT AREA INCLUDING LOCATIONS OF THE TOILET FACILITIES, GARBAGE FACILITIES, COMMON USE DISHWASHING FACILITIES, THE POTABLE WATER SUPPLY, ELECTRICAL SOURCES, THE WASTE WATER DISPOSAL AREA, AND ALL FOOD PREPARATION AND SERVICE AREAS ON THE GROUNDS/SITE OF THE TEMPORARY FOOD EVENT.
