



Public Health
Prevent. Promote. Protect.

HENRY & STARK COUNTY HEALTH DEPARTMENT

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TEMPORARY FOOD EVENT COORDINATOR INFORMATION SHEET

Henry County

Stark County

EVENT INFORMATION

NAME OF EVENT: _____

ADDRESS OF EVENT: _____

DATE(S) & TIME(S) OF EVENT: _____

NAME(S) OF EVENT COORDINATOR(S)/PLANNER(S):

Name	Address	Phone Number	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____

EVENT SITE DESCRIPTION:

- Describe potable water supply: Public Water Well Water
If a well water supply is to be used, the results of the most recent water test must be submitted.
 - Describe wastewater disposal system: Public Septic System
 - Restroom facilities for vendors & patrons: Public Private
If Private, Portable Potty provided by Company Name: _____
Address: _____
Phone Number: _____
Quantity to be Supplied: _____
 - Describe method of trash removal: _____
-
5. Will **electricity** be provided to each individual site: Yes No
Vendors are highly recommended to have mechanical refrigeration to maintain potentially Hazardous foods at/below 41° F.

Form continued on other side.....

ON-SITE COORDINATOR AND CONTACT NUMBER DURING THE EVENT:

Name: _____ Cell Phone Number: _____

Number of Food Vendor(s): _____

Date(s) & Time(s) food will be served: _____

INDIVIDUAL FOOD VENDOR INFORMATION: *(please attach additional sheets as needed)*

Name	Menu	Address	Phone Number	Email
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

Application forms for food vendors can be located on our website:
www.henrystarkhealth.com

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 an inspection at the SAME DATE & TIME.

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

Event Coordinator /
Planner Signature(s) _____ Submission Date _____

Office Use Only

Reviewer's Signature and Title

Date

Notes:

