

Temporary Event COORDINATOR APPLICATION

Directions: The application and application fee of \$100 must be completed and submitted to the Pueblo City-County Health Department at least 14 days before an event involving five or fewer booths and 30 days prior to an event involving more than five food booths. A charge of \$35 per hour for all temporary event plan review related activities will be assessed.

EVENT INFORMATION

Name of the Event: _____

Date(s) of the Event: _____

Location of the Event: _____

Hour of the Event: (Days and Times): _____

Vendor Set-Up Time: _____

Event Start Time: _____

Expected Number of Patrons Each Day: _____

Expected Peak Day(s) if Event is longer than 1 Day: _____

Number of Food Booths (*Complete Vendor Information List and Attach*): _____

Event Coordinator's Name: _____

Event Coordinator's Phone Number: _____

Event Coordinator's Fax Number: _____

Event Coordinator's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Event Coordinator's E-Mail Address: _____

Contact Person during the Event (if different from above): _____

Contact Phone Number for the Day of the Event: _____

SERVICES PROVIDED ON-SITE TO FOOD VENDORS (Check all that apply and provide detail if necessary):

Water Supply/Water Plan:

- PUBLIC WATER—Available from a central spigot, location or commissary. **Provide map.**
- Water truck will be available onsite.
- There are convenient and easily accessible potable water tap(s) onsite for all food vendors. **Provide description.**

- Water not supplied. **Attach water plan.**
If there is no access to potable water tap(s), what is your water plan?

Wastewater:

- There will be liquid waste collection tanks/receptacles on site. Please provide number of collection tanks, location (map) and size(s).
- Vendors must arrange for their own wastewater disposal (**1 day events only**).
- Other, Explain.

Electricity:

- There will be no electricity supplied on site.
- There is access to electricity on site.
- Generators will be provided for vendor use.
- Vendors are allowed to use generators on site.

Trash/Refuse:

- There will be trash receptacles throughout the event for the public.
- There will be dumpsters on site for vendor and public trash removal.
How often will they be serviced? _____

Toilet Facilities:

- Water carrying public restrooms. How many? _____
- Portable toilets. How many? _____
How often will they be serviced? _____

Hand Wash Facilities:

- Water carrying public restrooms. How many? _____
- Portable hand wash stations. How many? _____
How often will they be serviced? _____

Other Services:

- Refrigerated truck.
- Commissary kitchen (complete attached commissary agreement).
- Ice
- Diaper Changing Stations
- Grease Disposal
- Ash Disposal
- Other

TEMPORARY EVENT SITE MAP

Provide a labeled map of the entire Temporary Event area and include the following:

- Toilet facilities (portable and fixed)
- Hand washing facilities
- Trash containers
- Electrical hook-up points and generator locations
- Potable water taps for vendors
- Location of all food preparation and service areas on the event grounds
- Food booth vendors
- Roadways, sidewalks and walkways
- Refrigerated truck (if applicable)
- Commissary kitchen (if applicable)
- Petting Zoo (if applicable)

EMERGENCY PLAN

In the event of an emergency (i.e. power outage), where food safe may be compromised, what is your emergency plan. Please be specific.

COMMISSARY AGREEMENT

_____ Date

I, _____ of _____,

located at _____

do hereby give my permission to _____

to use my kitchen facilities to perform the following:

- | | |
|---|--|
| <input type="checkbox"/> Preparation of foods such as vegetables or fruits, cutting meats, cooking, cooling, reheating. | <input type="checkbox"/> Ware washing |
| <input type="checkbox"/> Storage of foods, single service items, and cleaning agents | <input type="checkbox"/> Filling water tanks |
| <input type="checkbox"/> Service and cleaning of the equipment | <input type="checkbox"/> Dumping waste water |
| | <input type="checkbox"/> Other (list below) |
- _____

Commissary Water Supply? Municipal Well

Commissary Sanitary Sewer Service? Municipal Well

Indicate the equipment available at the commissary for the proposed uses:

Hand Sink <input type="checkbox"/>	Prep Sink <input type="checkbox"/>	Mop Sink <input type="checkbox"/>
Three Bay Sink <input type="checkbox"/>	Dish Machine <input type="checkbox"/>	Refrigeration <input type="checkbox"/>
Cooling Equipment <input type="checkbox"/>	Dry Storage <input type="checkbox"/>	
Other _____		

Owner/Operator

Phone Number

THIS COMMISSARY AGREEMENT IS VALID FOR THIS CALENDAR YEAR ONLY.