

## Event Information

*Information must be received 14 days prior to the event*

### SECTION A: General Information

Event Name \_\_\_\_\_

Location \_\_\_\_\_

Number of Food Stands \_\_\_\_\_

Date(s) and Time(s) \_\_\_\_\_

Event Website \_\_\_\_\_

### SECTION B: Coordinating Organization Information

Coordinating Organization Name \_\_\_\_\_

Event Coordinator Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Day of Event Cell Phone Number \_\_\_\_\_

### SECTION C: Food Vendor Information

Vendor Meeting (Date, Time, & Location) \_\_\_\_\_

Attach Food Vendor List

Attach Event Map labeled with shared facilities (if provided):

- Refrigerated Trucks/Trailers
- Water Supply
- Electrical Supply
- Trash Disposal
- Charcoal Disposal
- Grease Disposal
- Waste Water Disposal
- Toilet Facilities
- Handwashing Stations

Submit to:

PHMDC Environmental Health, 2300 S. Park St; Suite 2010, Madison, WI 53713

FAX (608) 242-6435

LEAdmin@publichealthmdc.com

*Contact us at (608) 242-6515 if you have any questions*