

## MADISON COUNTY HEALTH DEPARTMENT

Dr. William VanNess, Health Officer

## **Event Organizer Registration Application**

This application must be submitted at least 30 days prior to the event.

Event Name:			
Event Address:			
Date(s) of Event:		_	
Event Hours:		_	
Person(s) in Charge of Event (PIC):			
PIC Phone Number:		_	
E-Mail:		_	
Organization Name:			
Organization Address:			
City:	State:	Zip:	
Food Service start and end times:			
Number of Food Establishments/Ven	dors at the Event:		
Will food vendors have varying servic	e times? $\square$ YES $\square$ NO $^*$ If yes, not	e on vendor list*	
Will this event be reoccurring? ☐ YES	☐ NO   If yes, how often? ☐ We	ekly 🗆 Monthly 🗆 Annually	

Organizers should provide basic sanitation for event attendees during the event including: adequate toilets, hand washing, and garbage and refuse containers.

Will water be provided for food vendors? □ YES □ NO □ vendor told to bring water						
If water is to be provided, what is the approved source? $\Box$ Private Well $\Box$ Public Water Supply*						
*If using a hydrant meter, you must contact the local utility to flush the line and place a meter prior to the event. Food grade hoses and splitters must be used.						
Will gray water disposal be provided for food vendors? $\square$ YES $\square$ NO						
If yes, indicate location:						
The final vendor list must be submitted at least 15 business days prior to the event. See page two (2)						
The final vendor list must be submitted at least 15 business days prior to the event. See page two (2)						

Food vendors will not be issued permits for the event unless their individual permit application materials are submitted at least 3 days prior to the event. Please ensure all food vendors have a licensed retail food establishment, licensed commissary, licensed mobile unit, or concession trailer with a Certified Food Manager prior to accepting them for an event. If you have a vendor that will have more than one booth/tent at the event and will not be connected side-byside, they must obtain a permit for each space. Please check if the vendor is a Home-Based Vendor (HBV). All HBV's must comply with the requirements of HEA 1149.

## **Vendor List**

<b>Establishment Name</b>	<b>Contact Person</b>	Phone Number	E-Mail	Food Items	HBV