

**APPLICATION FOR ENVIRONMENTAL HEALTH APPROVAL
SPECIAL EVENTS**

SPECIAL EVENT

| | |
|---|--|
| Name of Special Event | |
| Special Event Location | |
| Date(s) & Time(s) of Special Event | |
| Approximate Number Attending | |

APPLICANT/ORGANIZATION

| | | |
|------------------------|--------|--------|
| Name | | |
| Mailing Address | | |
| Telephone | (Home) | (Work) |
| | (Fax) | |

FOOD HANDLING SUPERVISION

| | | |
|------------------------|-------|------------|
| Supervisor | Name: | Telephone: |
| Mailing Address | | |

TYPES OF FOOD TO BE SERVED

| | |
|---|--|
| Foods to be Served | |
| Source(s) | |
| Location of Food Preparation Area | |
| Method of Food Transportation | |
| Available Food Storage Facilities | |
| Form of Refrigeration to be Provided | |

FOOD SERVICE UTENSILS

| | | |
|---------------------------------|----------------|--------------------|
| Type: | Single Service | Multiple Use |
| Cleansing Method: | Machine | 3 Compartment Sink |
| Other Method: (Describe) | | |

REFUSE & GARBAGE

| | | |
|-----------------------|--------------------|-------|
| Containers: | Number: | Type: |
| Final Disposal | Method: | |
| | Location: | |
| Liquid Waste | Type of Container: | |
| Final Disposal | Method: | |
| | Location: | |

Comments:

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| |

Date of Application

Applicant Name (Please Print)

Signature of Applicant

To Be Completed by Environmental Health

Approved

Conditionally Approved

Rejected

Condition:

Name of Public Health Inspector (Please Print)

Date of Approval

Signature of Public Health Inspector