

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

health@publichealthmdc.com

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