



Public Health
Prevent. Promote. Protect.

Taney County
Health Department
320 Rinehart Road
Branson, MO 65616
www.taneycohealth.org
Tele: 417-334-4544
Fax: 417-336-9604

Temporary Food Event Organizer Application

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. **THIS ORGANIZER APPLICATION MUST BE SUBMITTED TO THE TANEY COUNTY HEALTH DEPT AT LEAST 30 DAYS PRIOR TO EVENT.** A fee of \$50.00 from the organizer will be required prior to issuing of permit. For more information, call 417-334-4544.

1. Organizer Name: _____ Date: _____
2. Address: _____
Street number and name City State Zip
3. Organizer Phone: (8-5): _____ FAX: _____
4. Name of event: _____
5. Event Location: _____
6. Dates and times of event: _____
7. On-site Coordinator(s) contact information.

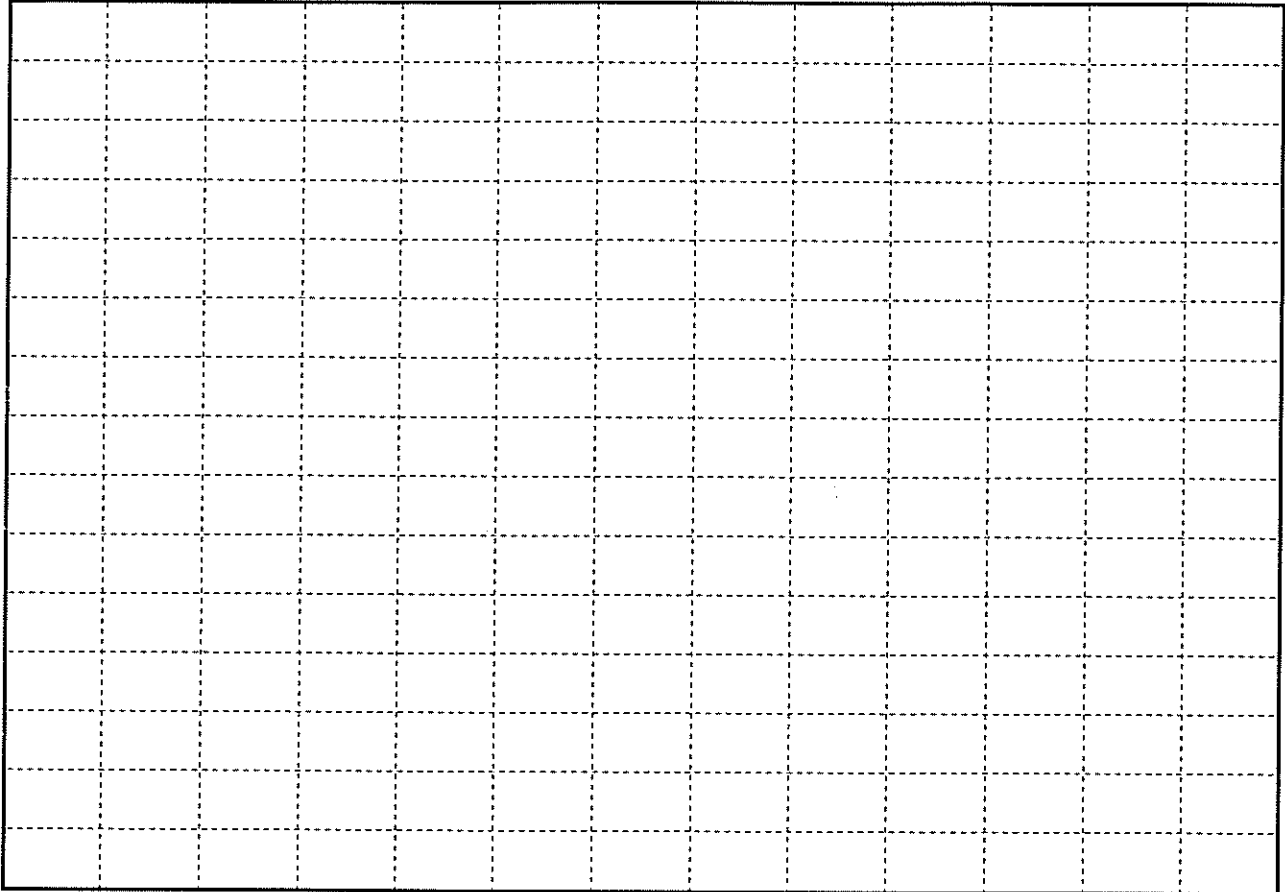
Name	Responsibility	Contact Number(s)

8. Number of Coordinator(s) that are certified food managers? _____ **Attach copy (ies) of certification.**
9. Number of persons expected to attend (event total): _____
10. Expected peak attendance (number, date and time): _____
11. Please list all food vendors below (including vendors with canned soda/water coolers, prepackaged foods, i.e. jelly, alcohol)

Name	Address	Phone Number(s)	Tent/Trailer/Food Cart
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

EVENT LAYOUT

This page is to assist the organizer is planning the locations of the activities. Draw in the location and identify all equipment including service roads, parking, garbage collection facilities, handwashing facilities, toilets, potable water connections, electrical connections, food vendor locations, tents, dishwashing facilities, refrigerators, hot and cold holding equipment, worktables, food/single service storage, grills, etc.



Signature of Organizer _____ Date: _____

Review Comments: _____

Signature of Inspector _____ Date: _____