

Temporary Event Coordinator Application

TARRANT COUNTY PUBLIC HEALTH
ENVIRONMENTAL HEALTH

5001 N. RIVERSIDE DR., STE. 105 • FORT WORTH, TX • 76137

Phone: 817-248-6299 • Fax: 817-321-4961

ph_information@tarrantcountytx.gov



PLEASE COMPLETE & RETURN THIS FORM **AT LEAST 20 DAYS BEFORE THE**
START OF THE EVENT

PLEASE **ONLY** COMPLETE THIS APPLICATION IF THERE WILL BE **3 OR MORE**
FOOD VENDORS AT THE EVENT.

General Event Information:

- 1) Name of Event: _____
- 2) Date(s) of Event: _____
- 3) Hours of Operation: _____
- 4) Address of Event & City: _____
- 5) Description of Event Site Conditions: _____
- 6) Estimated Event Attendance: _____
- 7) Sponsoring Organization: _____
- 8) Will food and/or beverage concessions be operated by the sponsoring organization or event coordinator? [☐] Yes [☐] No

If yes, a copy of the Temporary Food Service Establishment Permit application and required permit fee (\$35 per booth up to 5 days and \$70 for 6-14 days) are required to be submitted with this form.

Event Contact Information:

Event Coordinator - Food & Beverage Chairperson - or Responsible Individual

- 9) Name: _____ Cell Phone: _____
- 10) Email: _____
- 11) Secondary Contact Name: _____ Cell Phone: _____
- 12) Business Phone(s): _____
- 13) Email: _____

Additional Event Information:

- 14) Anticipated Number of Food & Beverage Booths/Concessions: _____
 - 15) Date & Time of Event Set-Up: _____
 - 16) Are any food and/or beverage concession meetings scheduled? [☐] Yes [☐] No
- If yes, Date(s): _____ Time(s): _____
- Location: _____

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17) Will an approved water source be available for food vendors? ☐ Yes ☐ No

If yes, please indicate the water source: _____

18) Will wastewater disposal be provided for food vendors? ☐ Yes ☐ No

If yes, please indicate how wastewater will be disposed of: _____

19) Will electricity be provided to food vendors? ☐ Yes ☐ No

20) Will back-up refrigerated storage be provided to food vendors? ☐ Yes ☐ No

21) Will animals be present at the event (petting zoo, rodeo, etc.)? ☐ Yes ☐ No

22) Is there a rain date or plan for inclement weather? ☐ Yes ☐ No

If yes, please describe: _____

23) Will any unpaved parking or open area be utilized during the event? ☐ Yes ☐ No

If yes, does your organization have a dust control plan? ☐ Yes ☐ No

If so, please describe: _____

24) Restroom facilities for patrons: ☐ Public Restrooms ☐ Chemical Toilets

Vendors: _____ Quantity to be supplied: _____

Supplemental Event Information:

25) Please enclose a list of all food & beverage vendors to be at the event.

(Business name, owner name, address, phone, and menu)

☐ Enclosed ☐ Will email by _____ ☐ Will mail by: _____

26) Does your organization supply the vendors with the Temporary Food Establishment Permit Application and guideline sheet? ☐ Yes ☐ No

27) Are there any special areas for inspectors to park in? ☐ Yes ☐ No

If yes, please describe: _____

28) Are parking passes needed for the inspectors working the event? ☐ Yes ☐ No

If yes, please enclose parking passes.

29) Are entry passes needed for the inspectors to gain access to the event? ☐ Yes ☐ No

If yes, please enclose entry passes.

30) **Please enclose an event map.**

Form Completed by: _____

Name

Title

Date