

Date & time food service operations will be setup: _____

Indicate who will be responsible for maintenance during the event: _____

Describe toilet & handwashing facilities (type, number, and location):

If portable toilets are to be used, how often will they be serviced (emptied) during the event? _____

Will electricity be provided to the vendor's sites? ____ Yes ____ No

If yes, please describe how? _____

Describe water supply: _____

Describe wastewater disposal system: _____

Describe garbage disposal: _____

****Attach additional sheets as necessary****

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Gallatin City-County Health Department (GCCHD) may void this approval.

Coordinator Signature

Date

Health Department Comments

Environmental Health Specialist

Date