



Springfield-Greene County  
Health Department  
*Helping people live longer, healthier, happier lives*

## Temporary Food Event Coordinator's Application

The application must be completed and submitted to the Springfield-Greene County Health Department at least **14 days** before an event.

Name of Event: \_\_\_\_\_

Date(s) and Time(s) of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Event Coordinator: \_\_\_\_\_

Event Coordinator Mobile Phone Number: \_\_\_\_\_

Expected number of patrons: \_\_\_\_\_

Is this a charity event?    Yes    No  
If yes, please attach 501©(3) documentation.

Will the food vendors be selling their food to the public?    Yes    No

Description of the Event Site:

Parking lot                      Grass field                      Closed Street  
Indoor venue                      Outdoor Pavilion                      Other \_\_\_\_\_

Please list the name(s) of individuals at the event who will be responsible for ensuring all food vendors arrive at the appropriate time and location at the site.

Name	Mobile phone number to be reached at the event
1. _____	_____
2. _____	_____
3. _____	_____

1. Please list the contact information for each temporary food vendor that plans to prepare and serve food at the event. (Attach another sheet if necessary)

Booth/Stand Name	Contact	Name	Mobile Phone	Email
1.				
2.				
3.				
4.				
5.				
6.				

Food Vendor Operation Schedule (specify dates and times): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

- a. Who will be responsible for their maintenance during the event? \_\_\_\_\_
- b. If portable toilets are used, how often will they be serviced (emptied) during the event?

\_\_\_\_\_

3. Will electricity be provided to the food vendors? Yes No If yes, please describe how:

\_\_\_\_\_  
\_\_\_\_\_

4. Describe potable water supply (note: if a non-public water supply is to be used, the results of the most recent water test must be submitted):

\_\_\_\_\_  
\_\_\_\_\_

5. Describe your plans for trash removal, as well as any organizations or persons directly involved:

\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF VERIFICATION**  
**Application for Coordinators of Temporary Food Events**

**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 Springfield-Greene County Health Department may nullify final approval. **I further understand that it is my responsibility to notify all food vendors, participating in this event, to fill out a Temporary Food Permit Application and pay the required permit fee, at least 7 working days in advance of the event. Furthermore, it is my responsibility to inform vendors that if they do not submit their Temporary Food Permit Application on time, they will be denied a Temporary Food Service Permit on the day of the event and will not be allowed to operate.**

Signature(s) Coordinator (Applicant):

Date: \_\_\_\_\_

Approval of these plans and specifications by the Springfield/Greene County Health Department does **NOT** indicate compliance with any other code, law or regulation. Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine compliance with applicable regulations.

**Please mail application to: Springfield-Greene County Health Department  
Attn: Temporary Event Supervisor  
320 E. Central  
Springfield, MO 65802**

**Or fax application to: (417)864-1466  
For questions, please call: (417)864-1017**

<http://springfieldmo.gov/health>

Date Received: \_\_\_\_\_