



Division of Environmental Health
150 Main Street, Suite 100
P.O. Box 980 Prince Frederick, MD 20678
410-535-3922/301-855-1557 Fax# 410-535-5252

Received Date: _____
Received By: _____

**EVENT COORDINATOR NOTIFICATION FORM
FOR TEMPORARY PUBLIC EVENTS WHERE FOOD & BEVERAGE WILL BE SERVED**

The purpose of this notification form is to identify the appropriate point of contact for the event who will be able to assist the local health department in ensuring compliance with necessary state regulations and requirements. This communication will help to promote and achieve a successful event. Please complete the form with the most up-to-date information for the event and submit within 30 days prior to the event date. This will allow our staff sufficient time to contact each **food, direct sales offering samples, or beverage** (*excludes beer and wine vendors*) vendor that has not submitted an application to serve food or beverage at the event.

EVENT DATE: _____ **# OF FOOD AND BEVERAGE VENDORS:** _____

Name of Event: _____

Location of Event: _____

Coordinator Name: _____ Email Address: _____

Coordinator's Contact Number: _____ Day of the Event Number: _____

Coordinator Address: _____

Event Start Time: _____ Set-up Time for Vendors: _____ Rain Date: _____

CONTACT INFORMATION FOR EACH FOOD AND BEVERAGE VENDOR

(Please provide a copy of the health department temporary food event application to all vendors below)

Company Name	Contact Person	Contact Phone Number	Food/Beverage/Both

(ATTACH ADDITIONAL SHEETS IF NECESSARY)



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ANTICIPATED NUMBER OF VISITORS EACH DAY OF EVENT: _____

WILL ELECTRICITY BE PROVIDED TO VENDORS? YES NO
IF YES, PLEASE DESCRIBE HOW: _____

PLEASE DESCRIBE THE SOURCE FOR POTABLE DRINKING WATER FOR EACH VENDOR:

(IF WATER SOURCE IS A PRIVATELY DRILLED WELL PLEASE INCLUDE A COPY OF THE MOST RECENT WATER TESTING RESULTS. ALL VENDORS MUST USE POTABLE GRADE HOSES FOR THEIR WATER CONNECTION. ENSURE PROPER BACKFLOW PREVENTORS ARE PROVIDED.)

WILL PORTABLE TOILETS BE PROVIDED DURING THE EVENT? YES NO
IF YES, WHO WILL BE SERVICING (EMPTYING) THE UNITS DURING THE EVENT AND HOW OFTEN? _____

DESCRIBE WASTEWATER/GRAYWATER DISPOSAL SYSTEM: _____

PROVIDE NAME OF SEPTAGE HAULERS, IF CONTRACTED: _____

DESCRIBE GARBAGE DISPOSAL SERVICE DURING EVENT: _____

PROVIDE NAME OF GARBAGE COMPANY, IF CONTRACTED: _____

WILL A PETTING ZOO OR ANIMALS BE AT EVENT: YES NO
IF YES, PLEASE ENSURE PROPER HAND WASHING FACILITIES AND/OR HAND SANITIZER STATIONS ARE READILY AVAILABLE TO VISITORS.

IF GREATER THAN 5 FOOD AND BEVERAGE VENDORS ARE EXPECTED PLEASE PROVIDE A LAYOUT OF THE EVENT INDICATING EACH FOOD AND BEVERAGE VENDOR LOCATION.



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I hereby certify that the above information is complete and accurate. I fully understand that:

- Each food and beverage vendor must obtain a separate license from the Calvert County Health Department in advance (10 days) of the scheduled event.
- Applications and fees cannot be collected by the inspectors on-site the day of the event. Any food or beverage vendors without an application will have to leave.
- Any food or beverage vendor(s) not in compliance with COMAR 10.15.03 regulations will not be permitted to operate.
- Submittal of this form does not indicate approval or compliance with any other state or local regulation, law, or ordinance that may be required.

Applicant's Signature

Date

Applicant's Name

Position

Should you have any questions please call our office at the phone numbers listed above.

This form may be mailed, hand delivered to our office, or faxed.