



**Public Health**  
Prevent. Promote. Protect.

**Peoria City/County  
Health Department**

Environmental Health

2116 N. Sheridan Rd.  
Peoria, Illinois 61604  
309/679-6161

[www.pcchd.org](http://www.pcchd.org)

# Temporary Food Event Coordinator Information Sheet

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

Address of Event: \_\_\_\_\_

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

## Name(s) of Event Coordinator(s)/Planner(s):

*Name*

*Address*

*Phone Number*

*Email*

1. \_\_\_\_\_

2. \_\_\_\_\_

## On-Site Coordinator and contact number during the event:

Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Number of Food Vendor(s): \_\_\_\_\_

Do you need copies of applications and requirements to provide to food vendors? .....  Yes .....  No

Date(s) & Time(s) foods will be served: \_\_\_\_\_

**The Event Coordinator Information Sheet must be submitted at least fifteen (15) business days prior to the scheduled event.**

**Any changes to the Event Coordinator Information Sheet shall be submitted not less than seven (7) business days prior to the event.**

**All food vendors must be ready for inspection at the SAME DATE & TIME.**

**Each food vendor must submit a Temporary Food License Application with the appropriate fee at least five (5) business days prior to the day of the event.**

**For questions email:** [environmentalhealth@peoriacounty.org](mailto:environmentalhealth@peoriacounty.org)

**Form continued on other side...**

**Individual Food Vendor Information:** *(please attach additional sheets as needed)*

Name

Address

Phone Number

Email

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Event Site Description:**

1. Describe potable water supply:..... Public Water..... Well Water..... I do not know  
***If a well water supply is to be used, the results of the most recent water test must be submitted.***
2. Describe wastewater disposal system:..... Public..... Septic System..... I do not know
3. Describe method of trash removal: \_\_\_\_\_  
\_\_\_\_\_
4. Will **electricity** be provided to each individual site: .....  Yes .....  No  
***Vendors are required to have mechanical refrigeration to maintain potentially hazardous foods at/below 41°F.***

Event Coordinator/  
Planner Signature(s) \_\_\_\_\_ Submission Date \_\_\_\_\_

**Peoria City/County Health Department • Environmental Health Program**  
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***Office Use Only***

\_\_\_\_\_  
**Reviewer's Signature and Title**

\_\_\_\_\_  
**Date**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
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