



**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):**

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>Email</i>
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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:.....o Public Water.....o Well Water.....o 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:.....o Public.....o Septic System .....o I do not know
- 3. Describe method of trash removal: \_\_\_\_\_  
\_\_\_\_\_
- 4. Will **electricity** be provided to each individual site: .....o Yes .....o 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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