



**VERMONT**

**DEPARTMENT OF HEALTH**

Food & Lodging Program  
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## Temporary Food Event Coordinator Application

Name of Event

Location of Event

Event Start Date:

Event Start Time:

Event End Date:

Event End Time:

Vendors will be set up and ready for inspection on DATE:

TIME:

Name of Food Vendor

Coordinator:

Cell Phone:

Estimated Attendance:

Email:

List the name, email, and phone number of food vendors attending this event.

Will electricity be provided?

Yes

No

Will potable water be provided?

Yes

No

If yes, list source:

Will wastewater disposal be provided?

Yes

No

Will restrooms be provided?

Yes

No

If yes, list # and type:

List of vendors, continued: