



VERMONT

Food & Lodging Program
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DEPARTMENT OF HEALTH

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:

****Private water sources must be tested for Total Coliform and E. coli before the event starts.**

Will wastewater disposal be provided? Yes No

Will restrooms be provided? Yes No If yes, list # and type:

List of vendors, continued: