



Farmington Valley Health District

95 River Road, Suite C ▪ Canton, CT 06019 ▪ Phone (860) 352-2333 ▪ Fax (860) 352-2542

Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury

Notification of Temporary Event Temporary Event Coordinator/Sponsor Form

Rev. February 2022

If your organization and/or business will be sponsoring an event at which foods and/or beverages will be dispensed/sold/prepared to the public, please submit this completed form to FVHD at least 3 weeks before the planned event.

Event Coordinator/Sponsor Information	Event Information
Coordinator/Sponsor Name:	Event Name:
Coordinator/Sponsor Contact #:	Event Location:
Coordinator/Sponsor E-mail Address:	Event Address:
Event Food Coordinator (if different than above):	Date(s) of Event:
Event Food Coordinator Contact #:	Hours of Event (include time of set up):
Event Food Coordinator E-mail Address:	<input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event* *Event will occur regardless of weather conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No Anticipated Peak Attendance:

Submit a sketch/map of the layout of the Temporary Event, indicate the location of the following (as applicable):

1. Temporary Food Establishments/Food Trucks/Food Vendors (numbered or identified)
2. Public Toilet Facilities and Handwashing Facilities
3. Dumpsters/garbage cans
4. Water Supply/Private well
5. Refrigerated Trailer/Ice Truck
6. Electricity hook ups
7. Location of animals, rides, attractions (include distance of the Temp. Food Establishments)

The name and contact information for each vendor dispensing/selling/preparing food at your Temporary Event must be submitted with this notification form (use page 2). **Please note that all temporary food and/or beverage vendors are required to submit a separate application for a Temporary Food Permit and applicable permit fee at least 14 days prior to the date of the event.** Temporary Food Permit applications submitted late are subject to late fees and/or exclusion from the event.

Signature of Coordinator/Sponsor: _____

Date: _____



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Event Food Vendor List

Use additional sheet if necessary

Name of Food Vendor	Name of Food Vendor Owner/Operator	Owner/Operator Phone #	Owner/Operator Email Address