



**SPECIAL EVENTS FOOD VENDOR FORM**

**MUST BE COMPLETED BY INDIVIDUAL VENDOR AND RETURNED 14 DAYS PRIOR TO EVENT**

Food concession may not operate until site inspection approval is granted.

Event Sponsor: \_\_\_\_\_ File No. \_\_\_\_\_

Is this a catered event? Yes ( ) No ( ) If yes provide name and contact number of caterer as well in spaces below.

Contact Person: \_\_\_\_\_ Telephone (H) \_\_\_\_\_

Contact Address: \_\_\_\_\_ Business # \_\_\_\_\_

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

Location: \_\_\_\_\_ Set up Date & Time: \_\_\_\_\_

Expected Attendance \_\_\_\_\_

Food Items: \_\_\_\_\_

Approved Food Suppliers: \_\_\_\_\_

Food Preparation Location: \_\_\_\_\_

**VENDOR SITE:**

Annual/Repeat? Yes ( ) No ( ) Tent ( ) Trailer ( ) Floor Covering Material: \_\_\_\_\_

**Water supply system (hot and cold running water under pressure required)**

Type of system: Municipal ( ) Well ( ) Include last well water result. Date: \_\_\_\_\_ TC \_\_\_\_\_ EC \_\_\_\_\_

Sinks: 3 compartment \_\_\_\_\_ 2 compartment \_\_\_\_\_ Handwash \_\_\_\_\_

Waste water disposal: Septic System: \_\_\_\_\_ Municipal \_\_\_\_\_ Portable (privy) Disposal Site: \_\_\_\_\_

BBQ Yes ( ) No ( ) Cold Storage: Mechanical: \_\_\_\_\_ Ice: \_\_\_\_\_

Hot Holding: Method: \_\_\_\_\_

Garbage Disposal Method: \_\_\_\_\_ Grease: Disposal Method: \_\_\_\_\_

Are you claiming exemption from the Food Premise Regulation? Yes ( ) No ( )

If YES, is hazardous food being served? Yes ( ) No ( )  
 (Note: See attached charts for examples of hazardous foods)

If YES, is any of the food at your event going to be from a premise that has not been inspected in accordance with the Food Premise Regulation? Yes ( ) No ( )  
 (Note: Example of a non-inspected premise would be someone's home or a location that has not been inspected by the Board of Health. Please call if unsure)

If YES, then you must do the following:  
 Post the *Notice to Patrons Sign and complete the Donor List* of the food prepared. (Note: Signs will be sent when your application has been approved)

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Vendor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ P.H.I.'s Signature: \_\_\_\_\_  
 Approved: Yes ( ) No ( ) FPR Exempted: Yes ( ) No ( )

This report does not purport to set forth all hazards nor to indicate that other hazards do not exist at the time services are rendered. By issuing this report, neither the Oxford County Board of Health nor any of its employees makes any warranty, express or implied, concerning the property described in this report. Furthermore, neither the Oxford County Board of Health nor any of its employees shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection or failure to inspect.