

# EVENT COORDINATOR



Cape Girardeau County Public Health Center  
Environmental Health  
P.O. Box 1839  
Cape Girardeau, MO 63702-1839  
[www.capecountyhealth.com](http://www.capecountyhealth.com)  
Phone (573) 335 7846 Fax (573) 334-6572

Name of Event: \_\_\_\_\_ Date(s) \_\_\_\_\_

Location: \_\_\_\_\_

Set-up time: \_\_\_\_\_ Event operation hours: \_\_\_\_\_

Event Coordinator- Name: \_\_\_\_\_ #1 Phone: \_\_\_\_\_

Address: \_\_\_\_\_ #2 Phone: \_\_\_\_\_

Number of food booths expected: \_\_\_\_\_ Please send a list of Food Vendors, addresses, and phone numbers to Health Department 2 weeks before the event.

Will electricity be provided for the food booths? Yes No

If yes, what is the source? Public Utility Private/ Generators

Will equipment/utensil washing facilities be provided for food booth operators? Yes No

If yes, please describe:

Describe restroom facilities: \_\_\_\_\_

Describe restroom hand washing facilities: \_\_\_\_\_

Describe water supply: \_\_\_\_\_

Describe waste water disposal: \_\_\_\_\_

Describe garbage disposal (including frequency of pick-up): \_\_\_\_\_

Will the booths be located on a non-absorbent surface? Yes No

If no, please describe: \_\_\_\_\_

\_\_\_\_\_  
Print Your Name Your Signature Date

You may e-mail this form to [amy.morris@capecountyhealth.com](mailto:amy.morris@capecountyhealth.com) or fax it to (573)334-6572