

# Food Vendor Form

Cape Girardeau County Public Health Center  
 Environmental Health  
 Cape Girardeau, MO 63703  
 www.capecountyhealth.com  
 Phone (573) 335 7846



## Event Information

Event Name	
Event Location	
Event Date(s)	
Event Hours:	
Set-up Time:	

## Vendor Information

Operator and Business Name	
Email Address	
Phone Number(s)	
Address	Street: _____ City: _____ State/Province: _____ Zip/Postal Code: _____
List the food items you plan to sell at the event:	

## Additional Information

Will equipment / utensils be provided for booth operators?	<input type="checkbox"/> Yes (Please specify): _____ <input type="checkbox"/> No
Describe water supply:	
Will electricity be provided?	<input type="checkbox"/> Yes [Public Utility] [Private Generator] [Other] _____ <input type="checkbox"/> No
Describe wastewater disposal:	
Describe garbage disposal and frequency of pick-up:	
Will booths be on nonabsorbent surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please Specify) _____

Please complete this form at least one week prior to event and email it to:  
[environmental@capecountyhealth.com](mailto:environmental@capecountyhealth.com)

Print Name \_\_\_\_\_

Date: \_\_\_\_\_