

CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER Environmental Services P.O. Box 1839 Cape Girardeau, MO 63702-1839 <u>www.capecountyhealth.com</u>

Phone (573) 335-7846 Fax (573) 334-6572

FOOD VENDOR FORM

Pleas	e complete form and submit at least one week	
F	prior to event by Fax to: (573) 334-6572 or	
En	nail to: amy.morris@capecountyhealth.com	
Name of Event:	Date(s) of event:	
Location:		
Set-up time:	Event operation hours:	
Name of Food Stand:		
Food Stand Operator:		
Address:		
Phone:		

What foods will you sell at this event?

Will electricity be provided for the food booths?YesNoIf yes what is the source?Public UtilityPrivate/ GeneratorsWill equipment/utensil washing facilities be provided for food booth operators?YesNoIf yes please describe:If yes please describe:If yes please describe:If yes please describe:

Describe hand washing facilities:

Prevent. Promote. Protect.	CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER Environmental Services 1121 Linden Street, P.O. Box 1839 Cape Girardeau, MO 63702-1839 www.capecountyhealth.com Phone (573) 335-7846 Fax (573) 334-6572		9		
	Phone (573) 335-7846	Fax (573) 334-05	172		
Describe water supply:					
Describe waste water disp	posal:				
Describe garbage disposa	l (including frequency of pick	up):			
Will the booth(s) be located on a non-absorbent surface? Yes No					
If no please describe:					

Print Your Name

Date