

Event Organizer/Event Coordinator Application Package



An Event Organizer / Event Coordinator is required to complete an application if they are responsible for any shared facilities (eg., handwashing, utensil washing, refuse collection) for temporary food establishments as part of a temporary event.

The Event Organizer / Coordinator Application is due at least two weeks prior to the event. Vendors not included in the Event Coordinator package and received by the AHD a minimum of seven days prior to an event, will not be permitted or allowed to participate in the event.

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

ORGANIZER INFORMATION	EVENT INFORMATION
Organizer/Coordinator DBA	Event Name:
Mailing Address:	Location:
City/State/Zip Code:	Address:
Event Organizer's Name:	City: Will there be amplified sound? <input type="checkbox"/> Yes (Noise Permit Website) <input type="checkbox"/> No
Event Organizer Contact Number:	Hours of Event (include time set-up will begin):
Type of Organization: <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable – Not for Profit	Date(s) of Event: Date Application Submitted:
On-site Contact Person: Email Address:	Event Location: <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event* * Event will occur regardless of the weather conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No
On-site Contact Cell Phone:	(Size restrictions may apply) Anticipated Maximum Attendance at Peak Time: _____

Sketch the general layout of the event indicating the location of the following on page 3 of this application.

1. Temporary Food Establishments locations (if DBA is available, include on application)
2. Water supply
3. Toilet and handwashing facilities
4. Refuse disposal containers
5. Location of shared utensil-washing facilities
6. Refrigerated trailer, if provided
7. Location of animals, rides, attractions (include distance of TFE from all other facilities on plot plan.)

An event organizer permit will not be issued unless this application meets all applicable requirements found in the Model Food Code as summarized in the Temporary Food Establishment document and the permit has been signed and approved by the regulatory authority. Additionally, the undersigned is aware that non-compliance may result in closure of the event and/or temporary food establishments.

Utensil Washing <input type="checkbox"/> Provided by Event Organizer <input type="checkbox"/> Provided by Food Booths Type of sink: _____	Food Storage Refrigerated trailer provided for temporary food establishments <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate location of refrigerated trailer on sketch.
Toilet Facilities # of Toilet Facilities that will be provided based on local building codes: _____ <input type="checkbox"/> Portable <input type="checkbox"/> Existing restrooms available # of toilets and handwashing facilities to be provided for food employees: _____ <i>Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing sinks.</i>	Refuse Disposal Identify company responsible for refuse disposal: _____ Is there a central refuse collection site? Indicate on plot plan <input type="checkbox"/> Yes <input type="checkbox"/> No
Potable Water Supply <input type="checkbox"/> Public Water System <input type="checkbox"/> Non-public water supply (Results of most recent water test must be submitted).	Liquid Waste Removal Identify responsible party for liquid waste removal: _____ Frequency of liquid waste removal: _____ per day
Electrical Supply How will electricity be provided to TFE? Contact local building department for applicable requirements.	

Required Contact Information for all Food/Beverage Vendors

List the name, phone #, and email of each food/beverage vendor at this event (use another page as needed):
Vendors not included in the Event Coordinator package and received by the AHD a minimum of seven days prior to an event will not be permitted or allowed to participate in the event. All food and beverage vendors must contact the Anchorage Health Department (907-343-4200) regarding permitting.

Approval of this application by this Regulatory Authority does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Additionally, the undersigned is aware that non-compliance may result in closure of the temporary food establishments.

DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No* See reason below	Date	Reviewer Signature/Title
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Permit Restrictions: _____

Permit Effective Dates: _____

*Reason(s) for Disapproval: _____

Sketch below a general layout of the Temporary Event including the following:

1. Temporary Food Establishments
2. Water Supply
3. Toilet and Handwashing Facilities
4. Trash Disposal Containers
5. Location of Shared Utensil-Washing Facilities
6. Refrigerator Trailer (If Provided)
7. Locations of rides, animals, attractions (include distance of TFE from all other facilities on plot plan)

A large, empty rectangular box with a thick black border, intended for a hand-drawn sketch of the event layout. The box occupies the majority of the page below the list of requirements.