



Health & Human Services  
 Environmental Health  
 Fort Bend County, Texas  
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## TEMPORARY FOOD EVENT COORDINATOR’S FORM

**(Includes Farmers Markets’)**

**(A SEPARATE TEMPORARTY FOOD PERMIT APPLICATION IS REQUIRED FOR EACH BOOTH)**

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

Description of Event: \_\_\_\_\_

Event Address: \_\_\_\_\_

Dates of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Name of Coordinator: \_\_\_\_\_

Coordinator Address: \_\_\_\_\_

Coordinator Phone: \_\_\_\_\_ Email : \_\_\_\_\_

On Location Responsible Person: \_\_\_\_\_

On Location Responsible Person Mobile Phone: \_\_\_\_\_

Estimated Number of Patrons for Entire Event: \_\_\_\_\_

Number of Food & Drink (including Alcohol) Booths: \_\_\_\_\_

**Please attach an Authorized Vendors List**

Date & Time Vendors will be allowed to set up \_\_\_\_\_

Number of Toilets: \_\_\_\_\_ Number of Handwashing Stations: \_\_\_\_\_

How will you dispose of Wastewater: \_\_\_\_\_

How will you dispose of Trash: \_\_\_\_\_

Signature of Coordinator	Date	Registered Sanitarian	Date

Coordinator’s Driver’s License Number & State \_\_\_\_\_