



Division of Environmental Health

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SUPPLEMENTAL LIST OF COMMUNITY EVENTS

Booth Name: _____

Please list the community events that you propose to operate at within your approved permit cycle in Humboldt County (note: this does not include tribal land).

If you decide **to add events** later, please resubmit this page with the new events listed. Changes must be submitted 14 days prior to the event. Any changes made fewer than 14 days may not receive approval.

Name of Event: _____

Event Coordinator: _____ Phone: _____

Dates of Operation: _____ Food will be served from: _____ am pm To: _____ am pm

Event Location: _____

Location(s) of food preparation: _____ Date(s) of prep: _____

FOR OFFICE USE ONLY Approved by Coordinator TE#: _____ BO#: _____

Name of Event: _____

Event Coordinator: _____ Phone: _____

Dates of Operation: _____ Food will be served from: _____ am pm To: _____ am pm

Event Location: _____

Location(s) of food preparation: _____ Date(s) of prep: _____

FOR OFFICE USE ONLY Approved by Coordinator TE#: _____ BO#: _____

Name of Event: _____

Event Coordinator: _____ Phone: _____

Dates of Operation: _____ Food will be served from: _____ am pm To: _____ am pm

Event Location: _____

Location(s) of food preparation: _____ Date(s) of prep: _____

FOR OFFICE USE ONLY Approved by Coordinator TE#: _____ BO#: _____

Name of Event: _____

Event Coordinator: _____ Phone: _____

Dates of Operation: _____ Food will be served from: _____ am pm To: _____ am pm

Event Location: _____

Location(s) of food preparation: _____ Date(s) of prep: _____

FOR OFFICE USE ONLY Approved by Coordinator TE#: _____ BO#: _____

Reviewed By: _____ **Date:** _____

SUPPLEMENTAL LIST OF COMMUNITY EVENTS CONTINUED

Name of Event: _____
Event Coordinator: _____ Phone: _____
Dates of Operation: _____ Food will be served from: _____ am pm To: _____ am pm
Event Location: _____
Location(s) of food preparation: _____ Date(s) of prep: _____

FOR OFFICE USE ONLY Approved by Coordinator TE#: _____ BO#: _____

Name of Event: _____
Event Coordinator: _____ Phone: _____
Dates of Operation: _____ Food will be served from: _____ am pm To: _____ am pm
Event Location: _____
Location(s) of food preparation: _____ Date(s) of prep: _____

FOR OFFICE USE ONLY Approved by Coordinator TE#: _____ BO#: _____

Name of Event: _____
Event Coordinator: _____ Phone: _____
Dates of Operation: _____ Food will be served from: _____ am pm To: _____ am pm
Event Location: _____
Location(s) of food preparation: _____ Date(s) of prep: _____

FOR OFFICE USE ONLY Approved by Coordinator TE#: _____ BO#: _____

Name of Event: _____
Event Coordinator: _____ Phone: _____
Dates of Operation: _____ Food will be served from: _____ am pm To: _____ am pm
Event Location: _____
Location(s) of food preparation: _____ Date(s) of prep: _____

FOR OFFICE USE ONLY Approved by Coordinator TE#: _____ BO#: _____

Name of Event: _____
Event Coordinator: _____ Phone: _____
Dates of Operation: _____ Food will be served from: _____ am pm To: _____ am pm
Event Location: _____
Location(s) of food preparation: _____ Date(s) of prep: _____

FOR OFFICE USE ONLY Approved by Coordinator TE#: _____ BO#: _____

Reviewed By: _____ **Date:** _____