Public Health
Prevent. Promote. Protect.

JO DAVIESS COUNTY HEALTH DEPARTMENT
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Event Information Sheet

This sheet is to be completed by an event coordinator for any event which has 2 or more temporary food establishments. The completed sheet must be returned to the Health Department at least 5 business days before the event.

Event Name:	
ORGANIZER INFORMATION	**EVENT INFORMATION**
Organizer Name:	**Location of Event:**
Organizer Contact Number:	**Address:**
Organizer Email:	**City:**
Mailing Address:	**Date(s) of Event:**
City/State/Zip Code:	**Hours of Event (include time set-up will begin):**
On-site Contact Person: (Day of event)	**Event Location:** (Circle one) Indoor Event Outdoor Event*
On-site Contact Cell Phone:	* Event will occur regardless of the weather conditions: Yes No

Please provide a list of vendors/temporary food establishments who will be attending the event:

Vendor Name/Contact	Phone	Email	Health Dept. Use