



Housatonic Valley Health District Event Organizer Form

Application for Fairs, Festivals, Carnivals or Other Public Gatherings

Name of Event: _____ Location of Event: _____
Date(s): _____ Time: _____

Person in Charge: _____
Address: _____
Daytime Phone: _____
Email: _____

- Please provide a list of all food service vendors/booths. Each vendor/booth must apply for a temporary food service license. Include contact information.
- Please provide a map/diagram showing the location of all vendor booths, special attractions, toilet facilities, and handwashing facilities

Will there be a petting zoo or animals displayed? Yes No Will there be camping on site? Yes No

Please note there may be special requirements for animals.

Please note there may be special requirements for camping.

Water Supply

Will water be provided for the food booths/ vendors Yes No For public consumption? Yes No

Type of water source: Public Water Private Well* (*must submit a laboratory analysis for bacteria current to within 3 months of the event*)

Hand Washing facilities must be provided. Describe hand washing facilities: _____

Toilet Facilities

Type of toilet facilities:	<input type="checkbox"/> Rest Rooms	<input type="checkbox"/> Portable toilets* <i>(1 portable toilet for every 200 females and 1 portable toilet for every 300 males is recommended. Portable toilets for food service workers must have hand washing facilities and whenever possible, shall be separate from toilets for general use.)</i>
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Please note that depending upon the event, there may be other requirements for the following issues: water supply/drinking water; garbage collection/disposal; drainage; sleeping areas; shower facilities; insect and noxious weed control; first aid/medical facilities; maintenance of portable toilet facilities; swimming area; and any other matter that may be appropriate for security of life and health. Please be advised that other town agencies may have separate requirements.

Application must be submitted no later than 30 business days prior to the event.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date application received: _____