



# Housatonic Valley Health District Event Organizer Form

Application for Fairs, Festivals, Carnivals or Other Public Gatherings

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

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. **An updated list must be provided at least (5) business days before the event.**
- 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Official Use:** Application received on \_\_\_\_\_ By \_\_\_\_\_