

SAN • JUAN • BASIN
HEALTH
D E P A R T M E N T

PO Box 140, 281 Sawyer Drive
Durango, Colorado 81302
970-247-5702

**TEMPORARY FOOD EVENT
COORDINATOR'S APPLICATION**
(ATTACH ADDITIONAL SHEETS AS NECESSARY)

1. Name of Event:

2. Location of Event:

3. Describe Site of Event:

4. Dates & Times of Event:

5. NAME(S) OF EVENT COORDINATOR(S)/ RESPONSIBLE INDIVIDUALS

Name

Address

Phone number(s)

A. _____

B. _____

C. _____

D. _____

E. _____

6. Expected Numbers of Patrons Per Day:

13.If portable toilets are to be used, how often will they be serviced during the event?

14. Will electricity be provided to the TFE sites? _____Yes _____No.

If yes, describe how:

15. Describe potable water supply:

(Note: if a non-public water supply is to be used, the results of the most recent water test must be submitted).

16 Describe wastewater disposal system:

17. Describe garbage disposal:

STATEMENT; I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from San Juan Basin Health Department may nullify final approval.

Signature_____

Date_____

Approval of these plans and specifications by San Juan Basin Health Department does **NOT** indicate compliance with any other code, law or regulation that may be required (federal, state or local)). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the

establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

San Juan Basin Health Department

Approval _____ Date: _____

Permit Restrictions:

Permit Effective Date(s):

Disapproval: _____ Date _____

Reason(s) for Disapproval:

San Juan Basin Health Department

(signature) Date _____