

# Event Coordinator Application



All temporary and seasonal food establishments must be operated under the auspices of an event coordinator.

An event coordinator is required to complete an application verifying they are responsible for any shared facilities (e.g., toilet rooms, hand washing, utensil washing, refuse collection) for temporary food establishments as part of a temporary event.

For more information on the requirements of Event Coordinators review AMC 16.60.226

**\*\*\*The Event Coordinator Application is due at least two weeks prior to the event.\*\*\***

TYPE or PRINT IN INK. Enter N/A where requested information does not apply.

ORGANIZER INFORMATION	EVENT INFORMATION
Organizer/Coordinator DBA	Event Name:
Mailing Address:	Location:
City/State/Zip Code:	Address:
Event Organizer's Name:	City: <span style="float: right;">Will there be amplified sound? <input type="checkbox"/> Yes (Noise Permit Website) <input type="checkbox"/> No</span>
Event Organizer Contact Number:	Hours of Event (include time set-up will begin):
Type of Organization: <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable - Not for Profit	Date(s) of Event: <span style="float: right;">Date Application Submitted:</span>
On-site Contact Person:  Email Address:	Food Vendor located <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor* * Event will occur regardless of the weather conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Food vendors are to be located in an area that will properly drain to control pooling water and mud and that will minimize exposure to blowing dust and debris.</b>
On-Site Contact Cell Phone:	(Size restrictions may apply) Anticipated Maximum Attendance at Peak Time: _____

An event coordinator permit will not be issued unless this application is complete and meets all applicable requirements found in AMC16.60 and the permit has been signed and approved by the regulatory authority. Additionally, the undersigned is aware the non-compliance may result in closure of the event and/or temporary food establishments.

Applicant Signature	Date
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Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Environmental Health Specialist
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Restrictions or Reason for denial:

<p align="center"><b>Utensil Washing</b></p> <input type="checkbox"/> Provided by Event Coordinator <input type="checkbox"/> Provided by Food Booths Type of sink:	<p align="center"><b>Food Storage</b></p> Refrigerated trailer provided for temporary food establishments <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate location of refrigerated trailer on sketch.
<p align="center"><b>Toilet Facilities</b></p> # of Toilet Facilities that will be provided based on local building codes: _____ <input type="checkbox"/> Portable <input type="checkbox"/> Existing restrooms available # of toilets and handwashing facilities to be provided for food employees: _____ <i>Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing sinks.</i>	<p align="center"><b>Refuse Disposal</b></p> Identify responsible party for refuse disposal:  Is there a central refuse collection site? Indicate on plot plan <input type="checkbox"/> Yes <input type="checkbox"/> No
<p align="center"><b>Potable Water Supply</b></p> Public Water System (City/AWWU) Non-Public Water Supply* (Private Well) *Non-Public Water Supplies must water test results submitted with this application	<p align="center"><b>Liquid Waste Removal</b></p> Identify responsible party for refuse disposal:  Is there a central refuse collection site? Indicate on plot plan Yes No
<p><b>Electrical Supply</b></p> How will electricity be provided to TFE? <b>Ensure that generator noise levels do not violate AMC 15.70.80 Noise Control, Property Line noise emission standards.</b> Utility                  Generator	

\*\*\*REQUIRED\*\*\*

**CONTACT INFORMATION FOR ALL FOOD VENDORS**

List the name, phone #, and email for each food vendor at this event

Food vendors not listed in the Food Coordinator Application will not be issued permits.

**All food vendors must be permitted by the Anchorage Health Department to provide food to the public within the Municipality of Anchorage. Temporary Food Establishment Applications will not be accepted prior to the approval of the Event Coordinator Application.**

**A vendor applying for a permit less than seven days prior to the event shall pay the applicable late fee. The department may deny applications made less than three days prior to an event or may limit menu items or use of commissary facilities.**

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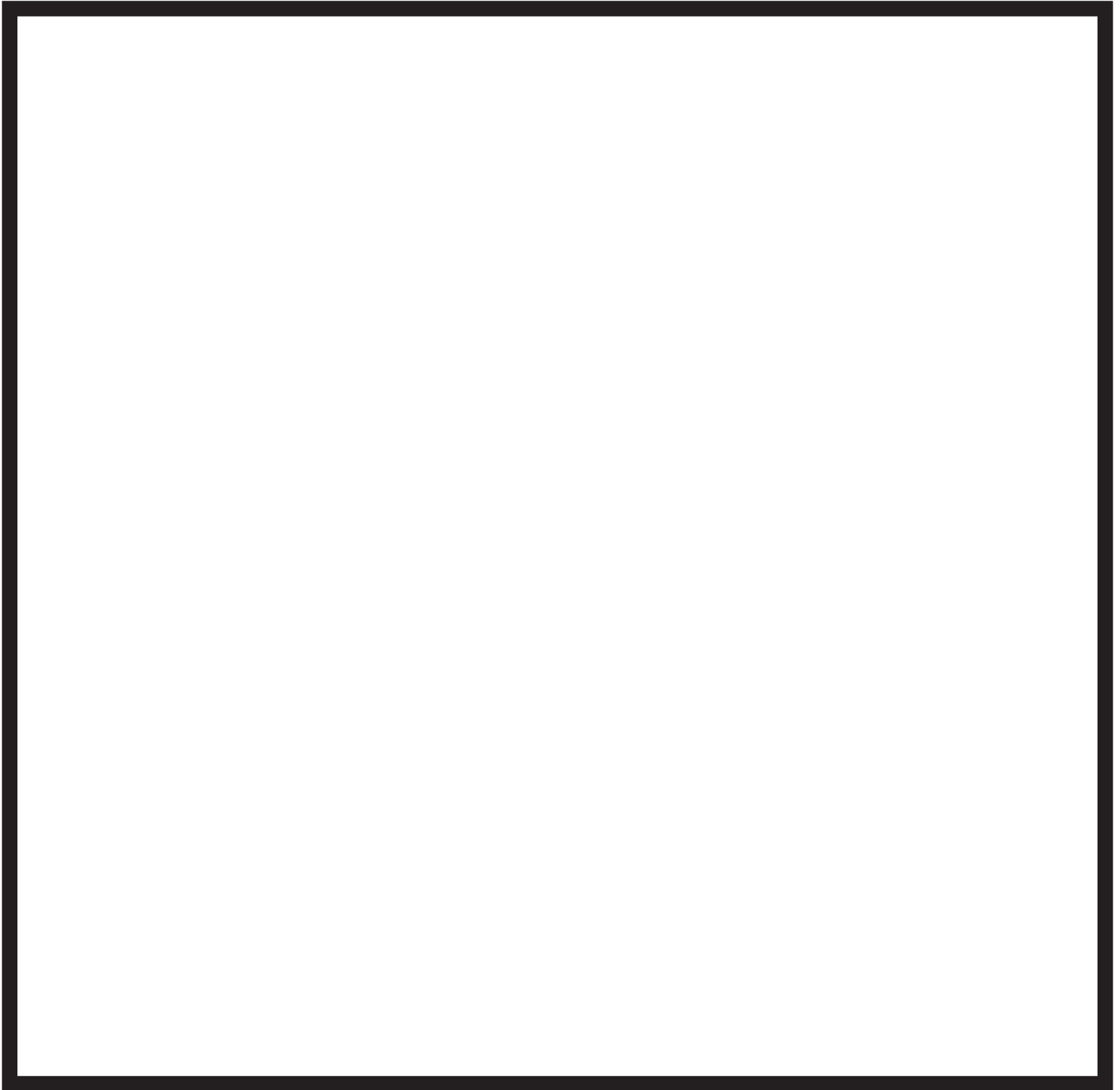
Approval of this application by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Additionally, the undersigned is aware that non-compliance may result in closure of the temporary food establishments.

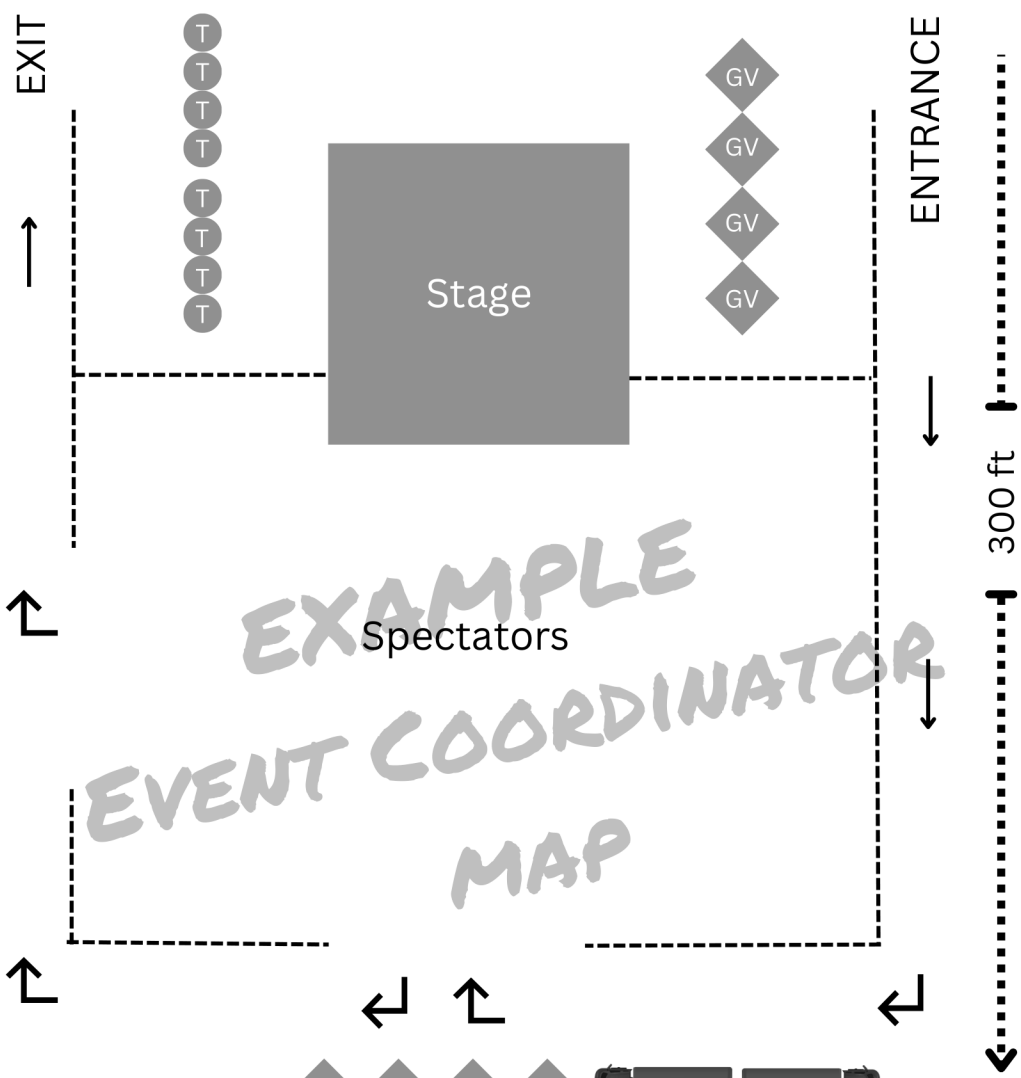
Applicant Signature	Date
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Sketch below a general layout of the Temporary Event including the following:

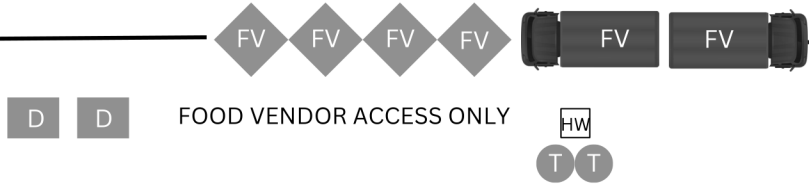
**Example provided on the back of this page.**

1. Temporary Food Establishments
2. Water supply
3. Toilet and handwashing facilities
4. Refuse disposal containers
5. Location of shared utensil-washing facilities
6. Refrigerated trailer, if provided
7. Location of animals, rides, attractions (include distance of TFE from all other facilities on plot plan)





EXAMPLE  
 Spectators  
 EVENT COORDINATOR  
 MAP



FV = Food Vendor      GV = General Vendor  
 T = Toilet  
 HW = Hand Wash Station      ----- = Fencing  
 D = Dumpster