



Erie County Department of Health

606 West Second Street

Erie, PA 16507

Phone: 814/451-6700 • Fax: 814/451-6775

COORDINATOR'S APPLICATION FOR A TEMPORARY FOOD EVENT

READ CAREFULLY, incomplete applications will not be processed.

- This application must be complete and submitted to the Erie County Department of Health (ECDH) at least 7 days prior to the first day of the event.
- License fees and applications for each food establishment must be submitted with a completed coordinator's application.
- License fees are based on days of operation: 1-2 days, \$40 per establishment; 3-7 days, \$80 per establishment; 8-14 days, \$140 per establishment.
- Fees are **nonrefundable**.
- Applications received within 7 days of start of event are subject to a late fee of \$15 per vendor and may not be approved.
- Establishments may not serve food to the public until a license is issued.
- A temporary license will not be issued until all requirements of 7 PA Chapter 46 and all applicable laws are met.
- Establishments will be inspected on the first day of the event. Establishments arriving later than one hour past the event start time may not be inspected or licensed on that day and, therefore, will not be able to operate.

Name of Event			
Location of Event		City, Town, Borough	
Date of Event	Setup Time	Food Prep Time	Event Start

Name of Event Coordinator(s)/Responsible Individual(s)		
Name		
Mailing Address		
Phone	Email	On Site During Event?

Describe the potable (drinking) water supply to the event

- Municipal
 Regulated public water supply
 Bottled Water
 Nonpublic water supply

Date of sample _____

Describe wastewater disposal system for the event:

- Municipal
 If not municipal, describe _____

Describe toilet and hand washing facilities provided for patrons:

Type _____ Number _____ Location _____

Who will be responsible for maintenance? _____

If portable toilets, how frequently will they be emptied? _____

Describe garbage and grease disposal for the event _____

Required: Each food establishment must also complete an "Application for a Temporary Food Establishment License," to be returned with this coordinator's application and proper fee.

Establishment Company Name	Address	Email	Phone	Food Items	Annually licensed through ECDH?

Number of food establishments: _____ X license fee \$ _____ = \$ _____ amount due

Coordinator's name _____ Signature _____ Date Submitted _____
 (print)