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Public Health
Prevent. Promote. Protect.

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EVENT NOTIFICATION FORM FOR EXCLUDED ORGANIZATIONS

Name of Excluded Organization: _____

Address of Excluded Organization: _____

Name of Event: _____

Date of Event: _____ Hours: _____ Estimated # to Individuals to be served: _____

Name, address, and phone number of Person in Charge: _____

Menu or List of foods to be served: _____

Source of foods to be served: _____

List of foods to be prepared more than 12 hours in advance of event: _____

If food is to be prepared off-premises

Name of Facility to be used: _____

Procedures for transporting food to the Event: _____

For any event that operates for up to 30 Consecutive days, provide the following information

Dates on which the food will be prepared: _____

Methods of storing and serving food: _____

Methods or procedures that will be followed to ensure the Safety and Security of food: _____

Applicant(please print): _____ **Date:** _____ **Phone:** _____