

**COORDINATORS CHECK LIST FOR A TEMPORARY EVENT  
THOMAS JEFFERSON HEALTH DISTRICT**

Office Address: 1138 Rose Hill Drive, Charlottesville, VA  
434-972-6219 (Office)  
434-972-4310 (Fax)

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. This **Coordinators Checklist** should be submitted a minimum of **14 business days** before the event. Each food vendor, except for permitted mobile units, that proposes to work your event must submit an **Application for Permit to Operate a Temporary Food Establishment**. These applications should be submitted a minimum of **10 business days** prior to the date of the event and can be submitted through our district office in Charlottesville, or any of our local county offices. The Event Coordinator is responsible for timely submission of all applications. For additional information you can call our district office in Charlottesville at 434-972-6219; 972-4310 (fax).

Copies of the Temporary Restaurant Application, as well as a guidance document that lists what is needed in order to obtain a food permit, can be obtained from any of our local offices or by accessing our web site: <http://www.vdh.virginia.gov/LHD/tj/index.asp>.

1. Name of Event: \_\_\_\_\_
2. Date(s) of Event: \_\_\_\_\_
3. Event Location: \_\_\_\_\_
4. Name of Event Coordinator/ Responsible individual(s):

**A. Name** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Numbers (work/home/cell)P** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

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**B. Name** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Numbers (work/home/cell)** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

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5. Number of Anticipated Food Booths: \_\_\_\_\_
  6. Attach a list of all Proposed Food Vendors and their contact information.
  7. Time of Event Set-Up: \_\_\_\_\_ Time Event Starts: \_\_\_\_\_
  8. Source of Water Supply: \_\_\_\_\_  
(Show the location of all water risers on the site plan layout)
  9. Wastewater and Sewage Disposal Facilities Source: \_\_\_\_\_

10. Garbage Disposal Method: \_\_\_\_\_
11. Source for Ice (if provided by organizer): \_\_\_\_\_
12. Estimated Attendance: \_\_\_\_\_
13. Number of Toilet Facilities: \_\_\_\_\_ Type: \_\_\_\_\_ Public Restrooms \_\_\_\_\_ Portable Toilets
14. **Attach a Site Map** showing the layout and location of food booths, restroom facilities, garbage disposal sites, wastewater disposal facilities, etc.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date