

Name of Event: _____

Name of Event Organization: _____

Name of Event Coordinator: _____

Address: _____

Phone number: _____ Cell Number: _____

Fax: _____ E-mail: _____

Location of event: _____

Date(s) of operation: _____ Hours of operation: _____

Vendor name

Address

Phone number

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

(If additional space is needed, please attach additional sheets)

Site Plan (Required for Approval):

Organizers of temporary events must submit a site plan for each event, showing the proposed location for each booth and the proximity to required toilet and handwashing facilities. Provide below or as an attachment.

I understand and agree to comply with all requirements regarding temporary food facilities and/or certified farmer's markets in Napa County and that all temporary food facilities at each event will only be allowed to operate if written approval has been received from the Division of Environmental Health.

Printed Name of Organizer: _____

Signature of Organizer _____ Date_____