Environmental Health Services Special Event Notification
(To Be Completed by Event Coordinator)

Name of Event: ____________________________________________

Event Duration: ___________ to ___________  Note: Events may be no longer than 14 consecutive days.
    Month/Day/Year             Month/Day/Year

Hours of Operation: _______________________________________

Type of Event:

☐ Special Event – a transitory public gathering that takes place at a specific location for a specific purpose that is associated with a fair, carnival, parade, circus, public exhibition, holiday celebration, or trade show.

☐ Tasting Event – events including but not limited to wine tastings, BBQ competitions, and chili cook-off’s, in which an entrance fee entitles the consumer to food service in conjunction with the event and where there is no point of sale directly at the booths.

☐ Grand Opening – one-time events celebrating the opening of a new business.

☐ Fundraiser – one-time events where funds are raised for bona-fide charitable organizations.

☐ Transitory Sporting Event – one-time events such as annual soccer tournaments, baseball playoffs, etc.

Event Location Name: _____________________________________

Event Address: ___________________________________________

Event Contact Person / Food Coordinator: ______________________ E-Mail: ______________________

Sponsoring Organization: _________________________________ Phone #: ______________________

Sponsoring Organization Address: __________________________

Expected Number of Food Booths: ___________ Expected Number of Mobile Food Vendors: ___________

Please include a map of the event site with the location of the following indicated:

• Food Booths
• Restroom Facilities
• Hand washing Areas

The following services will be provided to all vendors:

☐ Water
☐ Waste Water Disposal
☐ Electricity
☐ Grease Disposal
☐ Garbage
☐ Toilets #_________

FOR DEPARTMENTAL USE ONLY

EFT-_________________

Date Application Submitted:_________________ Application Received By:_________________

Approval: ☐ Recommended   ☐ Denied

Notes (Reason for Denial):__________________________________________

ENVIRONMENTAL HEALTH SERVICES
P.O. Box 2945    Florence, AZ 85132   T 520-866-6864   FREE 866-960-0633   F 520-866-7066    www.pinalcountyaz.gov/ehs