



# Town of Darien

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## **“Temporary Events” with Food Service (Guidance for Event Coordinators)**

All food service activities proposed for and/or associated with temporary events must be reviewed, inspected, approved and permitted by the Darien Health Department before the event is held.

Many cases of foodborne illnesses have been associated with temporary events so a little caution and awareness of some basic food safety concepts can go a long way to preventing problems. It is critical that we work together to minimize the risk posed to the public’s health.

Any person/persons organizing a “temporary” event need to be aware of the following requirements:

- An event “Coordinator” must fill out an *“Application for Approval of Temporary Event”* form with all contact information for each vendor or booth. This person serves as the Contact Person for vendors and the Health Department. There is no fee for this application.
- Each booth where food is prepared and served must have a permit issued by the Darien Health Department. Coordinators must ensure each vendor submits an *“Application for Temporary Food Service Permit”* to this office at least 14 days before the event. Fees may be applicable for vendors unless the event is for non-profit purposes.
- All food to be served must be prepared in an approved facility or onsite at the event itself. Home preparation of foods is not allowed.

The Darien Health Department’s *“Guide for Temporary Food Service Events”* which is available in the office or online at [www.darienhealth.com](http://www.darienhealth.com) provides food safety tips and should be provided to all vendors at the event.



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## Health Department

### Event Coordinator -

### APPLICATION FOR APPROVAL OF TEMPORARY EVENT

NAME OF EVENT \_\_\_\_\_

DATE(S) OF EVENT \_\_\_\_\_

LOCATION \_\_\_\_\_

SPONSORING ORGANIZATION \_\_\_\_\_

Non-Profit Yes  No

EVENT COORDINATOR \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

DAYTIME TELEPHONE \_\_\_\_\_

NUMBER OF FOOD VENDORS \_\_\_\_\_ EXPECTED DAILY ATTENDANCE \_\_\_\_\_

➤ **LIST NAMES AND ADDRESSES OF ALL FOOD AND/OR BEVERAGE VENDORS:**

(Please continue on reverse side if needed.)

<u>NAME</u>	<u>ADDRESS</u>	<u>TEL. NUMBER</u>	<u>E-MAIL</u>

➤ **Please provide a drawing of proposed layout for the entire event showing the location of food booths, restrooms, trash receptacles, handwashing facilities, potable water supply, electrical sources, etc.**

**CERTIFICATION:**

I hereby certify that the above information is correct to the best of my knowledge and agree to the guidelines provided by the Darien Health Department. (Name) \_\_\_\_\_ (Date) \_\_\_\_\_

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**For office use only**

Application Reviewed & Approved by: \_\_\_\_\_ Date \_\_\_\_\_