



Event Coordinator's Application For Temporary Events in Yellowstone County

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The mission of RiverStone Health is improve health, life and safety in our community.

If you have questions concerning temporary events, food safety, or need further assistance
please contact:

Environmental Health Services

123 South 27th Street

Billings, MT 59101

Phone: 406-256-2770

Fax: 406-256-2767

www.riverstonehealth.org

Requirements - Temporary Food Service

The State of Montana Food Service Rule has specific requirements for temporary food services providing potentially hazardous food to the public *with or without charge* in conjunction with special events. Our office recognizes the limited capability of most temporary operations; however, it is necessary for the protection of public health to closely regulate the operation of temporary food establishments. In Yellowstone County, the Registered Sanitarians at RiverStone Health are responsible for approving vendors for operation, issuing permits, and conducting inspections at the event.

Event Coordinator's Responsibility

All food vendors are required to be approved and permitted by RiverStone Health prior to operating. As an Event Coordinator, it is your responsibility to ensure that all food vendors operating at your event have met these requirements.

Step 1: Complete the application (attached)

Step 2: Submit this application to RiverStone Health at least seven days prior to the event.

Please attach a detailed map of the event indicating where all the **Food Vendors** will be located.

Step 3: Notify all food vendors that their operation must be approved by RiverStone Health prior to operation at any Temporary Event.



Event Coordinator's Application for Temporary Food Vendors

Complete and submit to Environmental Health Services, RiverStone Health
123 South 27th St. • Billings, MT 59101
Phone (406) 256-2770 • Fax: (406) 256-2767

Date: _____

1. Name of Event: _____

2. Location of Event: _____

3. Date(s) of Event: _____

Time of Event: _____ (am or pm) to _____ (am or pm)

4. Date of Food Service Operations Set-Up: _____

Start Time for Food Service Set-Up: _____ (am or pm)

5. Event Coordinator(s)/Responsible Individual(s):

Name	Phone Number and/or Cell Number	Email Address
_____	_____	_____
_____	_____	_____

5. Name and cell number of the On-Site Coordinator during event: _____

6. Describe Toilet Facilities: Flush _____ Portable _____ Other _____

a) If portable toilets will be provided, who will be responsible for their maintenance and how often will they be serviced (emptied) during the event?

7. Will electricity be provided to the food vendors at the sites? Yes No

8. Describe the water supply: City Water _____ Well Water _____ Other _____

If well water will be used, a current water test must be provided.

9. Describe the wastewater system: City Sewer _____ Septic _____ Other _____

10. Describe the garbage system: Pick up Provided _____ Vendors Will Haul Trash _____

11. List each Food Vendor: *(You may be attached as a separate list.)*

Establishment
Name

License
Number

Responsible
Person

Phone
Number

Email
Address

Please attach a detailed map of the event indicating where all the **Food Vendors** will be located.

Statement: *I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from RiverStone Health may nullify final approval.*

SIGNATURE

PRINT NAME

DATE

*Approval of these plans and specifications by this Regulatory Authority does **not** indicate compliance with any other code, law or regulation that may be required (i.e. federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.*

Health Department Use:

APPROVAL: _____

DATE: _____

REVIEWED BY: _____

RiverStone Health Sanitarian