



# Event Coordinator's Application For Temporary Events in Yellowstone County

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*The mission of RiverStone Health is to 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 27<sup>th</sup> Street

Billings, MT 59101

Phone: 406-256-2770

Fax: 406-256-2767

[www.riverstonehealth.org](http://www.riverstonehealth.org)

[environmental.he@riverstonehealth.org](mailto:environmental.he@riverstonehealth.org)

## Requirements - Temporary Events

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 capacity of most temporary operations; however, it is necessary for the protection of public health to 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 that requirement. To help assist you, please provide us with the following:

**Step 1:** Complete the Event Coordinator's Application

**Step 2:** Submit this application to RiverStone Health at least **14 days** prior to the event. **Attach a detailed map of the event indicating where all the vendors will be located or draw in the space below.**

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



# Event Coordinator's Application

Complete and submit to Environmental Health Services, RiverStone Health  
123 South 27<sup>th</sup> St. • Billings, MT 59101  
Phone (406) 256-2770 • Fax: (406) 256-2767 • environmental.he@riverstonehealth.org

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 Operations Set-Up: \_\_\_\_\_

Start Time for Set-Up: \_\_\_\_\_ (am or pm)

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

Name	Phone Number and/or Cell Number	Email Address
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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 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 Vendor: *(Please provide separate list if needed)*

Establishment Name	Responsible Person	Phone Number	Email Address

**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.*

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**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).*

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***Health Department Use:***

APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

RiverStone Health Sanitarian