TFE Name: _____ TFE Owner/Operator:_____

# TEMPORARY FOOD ESTABLISHMENT EVENT LIST

Please list the Davis County community events you plan to operate at with this permit.

If you decide to add events later, please resubmit this page with the new events listed. You are required to notify DCHD of additional events at least 72 hours in advance.

If you will be changing your menu at any events, you must also resubmit pages 5-7 of the TFE Application packet.

NAME OF EVENT:_____ ☐ EVENT IS LESS THAN FOUR HOURS

EVENT ORGANIZER:_____ EVENT ORGANIZER PHONE: _____

TFE PERSON IN CHARGE: _____ TFE CONTACT PHONE :_____

EVENT LOCATION:_____ HOURS OF EVENT OPERATION:_____

DATE(S) OF EVENT: _____

NAME OF EVENT:_____ ☐ EVENT IS LESS THAN FOUR HOURS

EVENT ORGANIZER:_____ EVENT ORGANIZER PHONE: _____

TFE PERSON IN CHARGE: _____ TFE CONTACT PHONE :_____

EVENT LOCATION:_____ HOURS OF EVENT OPERATION:_____

DATE(S) OF EVENT: _____

NAME OF EVENT:_____ ☐ EVENT IS LESS THAN FOUR HOURS

EVENT ORGANIZER:_____ EVENT ORGANIZER PHONE: _____

TFE PERSON IN CHARGE: _____ TFE CONTACT PHONE :_____

EVENT LOCATION:_____ HOURS OF EVENT OPERATION:_____

DATE(S) OF EVENT: _____

NAME OF EVENT:_____ ☐ EVENT IS LESS THAN FOUR HOURS

EVENT ORGANIZER:_____ EVENT ORGANIZER PHONE: _____

TFE PERSON IN CHARGE: _____ TFE CONTACT PHONE :_____

EVENT LOCATION:_____ HOURS OF EVENT OPERATION:_____

DATE(S) OF EVENT: _____

TFE Name: _____ TFE Owner/Operator: _____

NAME OF EVENT: _____ ☐ EVENT IS LESS THAN FOUR HOURS

EVENT ORGANIZER: _____ EVENT ORGANIZER PHONE: _____

TFE PERSON IN CHARGE: _____ TFE CONTACT PHONE : _____

EVENT LOCATION: _____ HOURS OF EVENT OPERATION: _____

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