



ENVIRONMENTAL HEALTH AND PREPAREDNESS  
707 NORTH ARMSTRONG PLACE  
BOISE, ID 83704-0825  
TEL. (208) 327-7499  
FAX (208) 327-8553  
[cdhd.idaho.gov](http://cdhd.idaho.gov)

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*"Partnering to promote, protect and preserve health in our community."*

Event Organizer Information  
January 2016

In an effort to help you with the organization of your event, I have enclosed a Notification of Event Application. Please fill this out and return it to Central District Health Department (CDHD) a minimum of 30 days prior to your event.

An adequate number of portable toilets with hand washing facilities shall be provided for the food vendors and patrons. A licensed contractor will need to provide this service. The recommended number of portable toilets to be available at special events is based on event duration and number of people in attendance. The Portable Toilet guide from the Idaho Technical Guidance Manual for sewage disposal is attached for your convenience.

Gray water disposal for the food vendors must be readily available. Final disposal of gray water must be at an approved facility.

Some vendors may need to dispose of cooking grease and oils during the event. A contractor can provide grease barrels for pick-up and disposal at an approved facility.

**Please note: all food vendors must** make an application for a Temporary Food Establishment License with CDHD Office of Environmental Health. The event coordinator must inform all food vendors that an application is required and must be submitted to the health department 30 days prior to the event. An application and vendor packet is included for your convenience and may be printed from our website. <http://cdhd.idaho.gov/EH/food/forms.htm>

We will make the determination if a permit to operate is required after receiving the application.

If you have any questions, please feel free to call.

A handwritten signature in black ink that reads "Tom Schmalz". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

Tom Schmalz  
Environmental Health Supervisor  
Facility Based Programs

Enclosures



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## NOTIFICATION OF EVENT

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(Name of Event)

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(Event Sponsor)

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(Location of Event-with Zip Code and address if applicable)

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(Dates of Event)

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(Daily Beginning and Ending Times)

Event Coordinator or Contact Person \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ FAX \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Provide a list of vendors at least 30 days prior to the event.** The list should include Health Department license numbers (if already licensed), mailing address, telephone numbers and e-mail.

Note: Portable toilets require at least one hand sink with soap and paper towels at each location. Hand sinks and gray water barrels are generally provided by the portable toilet company at special request.