Limited Non-Profit
Annual Food Service Licensee
Event Notification Form

Instructions: This form shall be used to notify the local health department
sanitarian of a food service event that is open to the public. The form shall be
mailed, faxed or hand delivered at least 30 days in advance of every public food
service event to the office in the county where the event is to occur.

Establishment name: ________________________________

License Number: ____________________________

Person In Charge (PIC) of Food Service: ________________________________

Phone Number of PIC: ________________________________

Date of Event: _______________ Start Time: _______________

List all food and beverages to be offered:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Source of food and beverages: ______________________________________
_________________________________________________________________

__________________________________________ Date

Signature of Person In Charge