

Community Event Health Permit Application Form

Please complete this form to apply for a health permit for your upcoming community event. Ensure all information is accurate to facilitate timely approval and promote a safe gathering.

Event Information

Event Name:

Event Date(s):

Event Time:

e.g., 10:00 AM - 4:00 PM

Event Location/Address:

Brief Event Description:

Organizer Details

Organizer Name:

Contact Person:

Contact Phone:

Contact Email:

Health & Safety Details

Will food or beverages be served?

--Please Choose--

If yes, provide details (e.g., vendors, type of food):

Sanitation Facilities Provided:

e.g., handwashing stations, portable toilets, waste disposal

Disease Prevention Measures (optional):

e.g., mask policy, social distancing

Agreement & Signature

By submitting this application, I confirm that the information provided is accurate and that our event will comply with all local health and safety regulations.

Organizer Signature:**Date:****Submit Application**

For questions or additional guidance, please contact your local health department.