

**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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Person In Charge*

\_\_\_\_\_  
*Date*