





## SPECIAL EVENT INFORMATION

0405 Castle Creek Road, Suite 10 • Aspen, CO • 81611  
 Phone: 970.920.5070 Fax: 970.920.5077

Event Name:
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### Contact Information

Date:
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Event Coordinator(s):		
Contact Person (if other than the Event Coordinator):		
Business Phone:	Cell Phone:	Fax Number:
Email Address:		
Mailing Address:		
City:	State:	Zip Code:

### Event Information

Event Location:			
Date(s) of Event: _____ to _____			
Hours of Event		Number of Portable Toilets:	
Date	To	From	Refuse Collection:
			Number of Attendants (anticipated):
			Number of Food Booths (anticipated):
			Will the event provide hand washing facilities for the food vendors? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If yes, indicate the number provided.

**When an event allows the sale of food, the sponsoring organization may have some legal liability should a food borne illness outbreak occur. Please be responsible when choosing vendors for your event.**

\_\_\_\_\_

Event Coordinator Signature

\_\_\_\_\_

Date

**OFFICE USE ONLY**

Date Received	Reviewed By	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
Received By		Notes/Comments	