

AHB Special Event Concession Form

Name of Event: _____

Date of Event: _____

Event Location: _____

Concession Stand/Food Manager (on site): _____

Concession/Food Manager cell phone number: _____

Backup Contact (another person on site): _____

Backup contact cell phone number: _____

List of anticipated food vendors for event:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Set up arrival time for vendors: _____

Preferred vendor inspection time (subject to scheduling availability): _____

I certify that I am a representative from the person organizing the event, that I will be on site for the duration of the event, and that I will have contact information for all food vendors who will be on site.

I understand that if a deadline for inspection is passed, this places the temporary concession license in jeopardy to operate during the event.

I understand that all vendors must complete a [Temporary Food Service Establishment License Application](#) or have a valid annual license to operate in the City of Allentown for the current year.

Signature: _____ Date: _____

Please call 610-437-7599 with any questions.

Return form to: stevie.wolst@allentownpa.gov

or Allentown Health Bureau
435 Hamilton St.
Allentown, PA 18101