

**CITY OF MOLINE**  
**TEMPORARY FOOD VENDOR PLANNING SHEET**

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Unit on wheels: Yes \_\_\_\_\_ No \_\_\_\_\_      Temporarily constructed stand: Yes \_\_\_\_\_ No \_\_\_\_\_

Menu Items: \_\_\_\_\_  
                  \_\_\_\_\_

Source of foods, (no foods prepared in a home) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a sketch of the interior of the unit or the space you intend to set up. Include things such as ware washing, hand washing, cooking equipment and cooling equipment.

\_\_\_\_\_

