

Appendix 4.2

EVENT ORGANISER'S QUESTIONNAIRE

Name & Address of Event:

.....
.....

Date of Event:

.....

| Committee Members | Contact Numbers | Email |
|-------------------|-----------------|-------|
| | | |
| | | |
| | | |
| | | |

Main Contact for the Event (contact details if not included above)

.....
.....

Number of Expected Guests / Visitors

.....

Number of Contractors (food and non-food providers)/Event Staff

.....

Name & contact details (in tables below) of those providing food or drink at the event

| | |
|--|--|
| Company Name | |
| Name of Food Business Operator | |
| Address | |
| Telephone Number | |
| Email Address | |
| Name & Address of Registered Local Authority | |
| Types of Food/Drinks Being Served | |
| Number of Food Handlers | |

(Please photocopy this page as many times as you need to ensure you are able to record the details of all of the food providers you are using for your event)

| | |
|--|--|
| Company Name | |
| Name of Food Business Operator | |
| Address | |
| Telephone Number | |
| Email Address | |
| Name & Address of Registered Local Authority | |
| Types of Food/Drinks Being Served | |
| Number of Food Handlers | |

| | |
|--|--|
| Company Name | |
| Name of Food Business Operator | |
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| Types of Food/Drinks Being Served | |
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| | |
|--|--|
| Company Name | |
| Name of Food Business Operator | |
| Address | |
| Telephone Number | |
| Email Address | |
| Name & Address of Registered Local Authority | |
| Types of Food/Drinks Being Served | |
| Number of Food Handlers | |

Total Number of Catering Providers

.....

Total Number of Bars

.....

Additional Information:

Completed Annex 4.2 questionnaire to be returned to:

The Commercial Team
 Refuse & Environment
 Cambridge City
 Council PO Box 700
 Cambridge
 CB1 0JH

THANK YOU