

## Appendix 4.2

### EVENT ORGANISER'S QUESTIONNAIRE

Name & Address of Event:

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 .....

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	
Date of last food hygiene inspection and last Food Hygiene Rating	
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	
Date of last food hygiene inspection and last Food Hygiene Rating	
Types of Food/Drinks Being Served	
Number of Food Handlers	

Company Name	
Name of Food Business Operator	
Address	
Telephone Number	
Email Address	
Name & Address of Registered Local Authority	
Date of last food hygiene inspection and last Food Hygiene Rating	
Types of Food/Drinks Being Served	
Number of Food Handlers	

Company Name	
Name of Food Business Operator	
Address	
Telephone Number	
Email Address	
Name & Address of Registered Local Authority	
Date of last food hygiene inspection and last Food Hygiene Rating	
Types of Food/Drinks Being Served	
Number of Food Handlers	

Total Number of Catering Providers

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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