

COORDINATOR'S CHECKLIST TEMPORARY FOOD EVENT

RETURN COMPLETED APPLICATION THIRTY (30) DAYS BEFORE THE EVENT to:

Tewksbury Health Department, Town Hall, 1009 Main Street, Tewksbury, MA 01876

Please type or print legibly.

By providing the following information, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful and smooth operation. You must notify the food booth participants that the Temporary Food Establishment

Permit application must be received by the Board of Health **NO LATER** than **TWO (2) WEEKS PRIOR TO THE EVENT.**

There is a \$35.00 Permit Application Fee for each food booth participant OR \$70.00 MAX (14 day MAX)

1. NAME OF EVENT: _____ DATE(s): _____

2. EXPECTED NUMBER OF PATRONS: _____

3. EXPECTED PEAK DAYS & NUMBERS OF PATRONS: _____

4. NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS:

NAME

ADDRESS

PHONE (work, cell, home)

a. _____

b. _____

5. NUMBER OF ANTICIPATED FOOD BOOTHS: _____

ATTACH A LIST OF PARTICIPATING VENDORS AND WHAT WILL BE SERVED.

6. DATE, TIME, LOCATION OF SCHEDULED MEETING(S) WITH FOOD BOOTH PARTICIPANTS:

NAME

ADDRESS

LOCATION

7. TIME OF EVENT SET-UP: _____

8. DESCRIBE PROPOSED RESTROOM FACILITIES (TYPE, NUMBER, LOCATION): If necessary, attach a plan of Port-A-Potty locations.

9. WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS: _____ YES _____ NO

10. DESCRIBE THE POTABLE WATER SUPPLY AND DELIVERY: _____

11. DESCRIBE THE WASTEWATER DISPOSAL SYSTEM: _____

12. DESCRIBE GARBAGE DISPOSAL: _____

13. PROVIDE A LIST OF ALL FOOD VENDORS (PLEASE INCLUDE EMAIL ADDRESSES) ATTENDING.

SIGNED: _____ TITLE: _____ DATE: _____