



Tyngsborough Board of Health

Town Hall

25 Bryants Lane

Tyngsborough, MA 01879

Office: (978) 649-2300 Ext 118

FAX: (978) 649-2301

TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION

(to be completed with several temporary food vendors)

* Return completed application to the board of health office thirty (30) days before the event.

** 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**.

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

2. LOCATION OF EVENT: _____

3. EXPECTED NUMBER OF PATRONS: _____ EXPECTED PEAK DAYS & NUMBERS OF PATRONS _____

4. NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS:
NAME CONTACT INFO (phone, email, etc.)

a. _____

b. _____

c. _____

5. NUMBER OF ANTICIPATED FOOD BOOTHS: _____

6. NAME, TIME, LOCATION, AND CONTACT INFO OF FOOD BOOTH PARTICIPANTS:
NAME LOCATION CONTACT INFO (phone, email, etc.)

a. _____

b. _____

c. _____

7. TIME OF EVENT SET-UP: _____

8. DESCRIBE PROPOSED RESTROOM FACILITIES (TYPE, NUMBER, LOCATION):

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:

SIGNATURE

TITLE

DATE