



HEALTH DEPARTMENT

BOARD OF HEALTH

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COORDINATOR'S CHECKLIST FOR TEMPORARY FOOD EVENTS

As the Event Coordinator it is your responsibility to provide the following information, which is required to assess, prevent and address potential public health risks that might occur during the event. Advance planning will help promote and protect public health helping to insure a safe and successful operation.

IMPORTANT REMINDERS:

THIRTY (30) DAYS PRIOR TO THE SCHEDULED EVENT:

1. RETURN COMPLETED COORDINATOR'S CHECKLIST - (PRINT OR TYPE LEGIBLY)
2. ATTACH ALL EVENT FOOD VENDOR PERMIT APPLICATIONS
3. NOTIFY FOOD VENDORS THAT THE TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION MUST BE RECEIVED BY THE BOARD OF HEALTH, DIVISION OF ENVIRONMENTAL HEALTH, NO LATER THAN TWO (2) WEEKS PRIOR TO THE EVENT. THE CURRENT PERMIT FEE FOR TEMPORARY FOOD EVENT VENDORS IS \$75.00 for the 1st Day + \$25.00 for each additional day.

1) NAME OF EVENT: _____ DATE (S): _____

2) EXPECTED NUMBER OF PATRONS: _____ PEAK DAYS: _____

3) EVENT LOCATION: _____

4) NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS

	<u>NAME</u>	<u>ADDRESS</u>	<u>DAY TIME PHONE# (Work) / HOME #</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

*E-MAIL ADDRESS _____ AND/OR FAX #: _____

5) NUMBER OF ANTICIPATED FOOD VENDORS: _____

6) EVENT'S CERTIFIED FOOD PROTECTION MANAGER'S NAME: _____
(Please provide a copy of the certificate)

7) DATE, TIME, LOCATION OF SCHEDULED MEETINGS WITH FOOD VENDORS:

a) _____ b) _____

8) DATE AND TIME OF EVENT SET UP: _____

9) DESCRIBE PROPOSED RESTROOM FACILITIES (TYPE, NUMBER, and LOCATIONS):

10) WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS? _____ YES _____ NO

11) DESCRIBE POTABLE WATER SUPPLY: _____

12) DESCRIBE WASTEWATER DISPOSAL SYSTEM: _____

13) DESCRIBE GARBAGE DISPOSAL: _____

14) EVENT COORDINATOR'S SIGNATURE _____ TITLE _____ DATE _____