



## EXETER HEALTH DEPARTMENT

20 COURT STREET, EXETER, NH 03833-2716

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[www.exeternh.gov](http://www.exeternh.gov)

### TEMPORARY EVENT COORDINATOR'S APPLICATION FOR FOOD SERVICES

EVENT COORDINATOR: Please fill out the application and list ALL food vendors participating in the event. This includes any person selling any prepared, prepackaged, or potentially hazardous foods that would normally require a food permit. This form must be received by the Health Dept. no later than ONE MONTH prior to the event.

NAME OF EVENT: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

DATE(S) & TIME(S) OF EVENT: \_\_\_\_\_

EVENT COORDINATOR: \_\_\_\_\_

ON-SITE COORDINATOR: \_\_\_\_\_

TELEPHONE NUMBERS COORDINATORS CAN BE REACHED: \_\_\_\_\_

DATE AND TIME OF SETUP: \_\_\_\_\_

**Set up and inspection must occur before the vendor will be allowed to open**

NUMBER OF FOOD VENDORS ATTENDING EVENT: \_\_\_\_\_

CHECK ITEMS SUPPLIED TO VENDORS:

ELECTRICITY\_\_\_ GROUND COVER\_\_\_ OVERHEAD COVER\_\_\_ WATER\_\_\_ HAND WASH  
STATIONS/SOAP & PAPER TOWELS\_\_\_ TRASH BARRELS\_\_\_ TRASH DISPOSAL\_\_\_ OTHER  
WASTE DISPOSAL\_\_\_ OTHER: \_\_\_\_\_

LIST ALL FOOD VENDORS: NAME/ADDRESS/PHONE NUMBER/EMAIL on reverse side of this form  
ATTACH A SITE MAP OF VENDOR LOCATIONS

**Please call the Exeter Health Department at 603-773-6132 if you have any questions**

VENDOR NAME ADDRESS PHONE NUMBER/EMAIL

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

16. \_\_\_\_\_

17. \_\_\_\_\_

18. \_\_\_\_\_

19. \_\_\_\_\_

20. \_\_\_\_\_

Attach additional sheets as needed.