



EXETER HEALTH DEPARTMENT

20 COURT STREET, EXETER, NH 03833-2716

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VENDOR TEMPORARY FOOD SERVICE APPLICATION FORM

APPLICATION MUST BE COMPLETE AND SUBMITTED to the Health Dept. 14 DAYS PRIOR TO EVENT

1. EVENT: _____

2. Applicant's Name: _____

3. Applicant's Add: _____

(street,city, state and zip)

Home Ph: _____ Cell/ Work Ph: _____ Email: _____

4. Person(s) in charge at food service site: _____

5. Event Location Address: _____

6. Beginning Date/time: _____ Ending Date/Time: _____

7. Licensed Facility Name for food prep/storage/unit cleaning: _____

Address: _____ License Number: _____

Preparation Begins: _____ Prep. Ends: _____

<u>FOOD ITEM</u>	<u>OFF-SITE PREP</u>	or	<u>ON-SITE PREP</u>
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1. 1. 1.

2. 2. 2.

3. 3. 3.

4. 4. 4.

8. DESCRIBE:

Cold Holding Equipment: _____ Cooking Equipment: _____

Hot Holding Equipment: _____ Reheating Equipment: _____

Serving Equipment: _____

9. If food is transported to the food service site:

What is the length of time to transport? _____

How is food to be kept hot and/or cold? _____

10. Steam-type (0-220 F) Food thermometer available? Yes [] No [] -only if NOT cook/reheat/hot hold

11. Hand washing Facilities: Plumbed Sink [] OR Gravity Flow Container Spigot type []

Pump soap and paper towels

12. Sanitizing Solution Spray or Bucket: Bleach Water [] OR Other [] _____

13. Garbage Disposal: Cans [] OR Dumpsters []

14. REQUIREMENTS: Ground cover if not on hard surface required// Tent-overhead protection //Food stored 6 inches off ground// Extra utensils //gloves //chemical test strip kit

APPLICANT'S SIGNATURE: _____ DATE: _____