**EXETER HEALTH DEPARTMENT**

# 20 COURT STREET, EXETER, NH 03833-2716

Phone: (603)773-6132

FAX: (603)773-6128

[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:

ELECTRICTY\_\_\_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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Attach additional sheets as needed.