



BOARD OF HEALTH

Town Hall 30 Martin Street, Essex, MA 01929-1219
Telephone (978) 768-7614 email: boh@essexma.org



Public Health
Prevent. Promote. Protect.

Temporary Food Event Coordinator's Application

FEE: N/C

APPLICATION SUBMISSION DATE: _____

1. NAME OF EVENT: _____

2. LOCATION OF EVENT: _____

DESCRIBE SITE OF EVENT: _____

3. DATES & TIMES OF EVENT: _____

4. NAME(S) OF EVENT COORDINATOR(S)/RESPONSIBLE INDIVIDUAL(S):

	NAME	PHONE NUMBER	EMAIL ADDRESS
4a.	_____	_____	_____
4b.	_____	_____	_____

5. NAME OF THE ON-SITE COORDINATOR & HOW THIS INDIVIDUAL CAN BE CONTACTED DURING ENTIRE EVENT:

NAME	PHONE NUMBER
_____	_____

6. EXPECTED NUMBER OF PATRONS: _____

EXPECTED PEAK DAYS: _____

ANTICIPATED NUMBERS OF PATRONS PER DAY: _____

7. NUMBER OF TFE SITES/OPERATIONS: _____

8. DATE & TIME THAT FOOD SERVICE OPERATIONS WILL BE SETUP: _____

9. DESCRIBE TOILET & HANDWASHING FACILITIES (TYPE, NUMBER, AND LOCATION): _____

9a. INDICATE WHO WILL BE RESPONSIBLE FOR THEIR MAINTENANCE DURING THE EVENT: _____

9b. IF PORTABLE TOILETS ARE TO BE USED, HOW OFTEN WILL THEY BE SERVICED (EMPTIED) DURING THE EVENT? _____

10. WILL ELECTRICITY BE PROVIDED TO THE TFE SITES? ____ YES ____ NO

IF YES, PLEASE DESCRIBE HOW? _____

11. DESCRIBE POTABLE WATER SUPPLY: _____

*(Note: If a non-public water supply is to be used,
the results of the most recent water test must be submitted.)*

12. DESCRIBE WASTEWATER DISPOSAL SYSTEM: _____

13. DESCRIBE GARBAGE DISPOSAL: _____

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Regulatory Office may nullify final approval.

Signature(s): _____ Date: _____

Approval of these plans and specifications by this Regulatory Authority does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

APPROVAL: _____ DISAPPROVAL: _____ DATE: _____

Permit Restrictions: _____

Permit Effective Dates: _____

Reason(s) for Disapproval: _____

Reviewer Signature & Title: _____

Date: _____