RANDOLPH
PUBLIC HEALTH

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Gerard F. Cody, REHS / RS, CPH, CHO, CP-FS
Public Health Commissioner

Coordinator's Application for TEMPORARY FOOD EVENT *(TFE)**

*Note: This application is to be completed for events with several temporary food vendors.

Application Submission Date:

Event Date(s) and Times:

Name and Location of the Event:

Describe Site of Event: (***Note**: Attach a map of the layout and be sure to label the map clearly.*)

Name of the On-Site Coordinator & how they can be contacted during the event:

Expected Number of Patrons per day:

Number of Temporary Food Service Vendors:

Has each vendor has completed a Temporary Food Permit Application?   ○ Yes   ○ No
          (***Note:** Provide the vendor name and contact information on next page.*)

Describe the Toilet and Hand Washing Facilities:

Who will be Responsible for Maintaining the Toilet and Hand Washing Facilities?

If Portable Toilets are used: How many are on site? How often will they be serviced?

Describe the Plans for Rubbish / Garbage / Recycle / Grease Disposal:

I hereby certify that the above information is correct:

_____
Signature   Date

TEMPORARY FOOD EVENT *(TFE)* - Coordinator's Application

Please list the vendor names and contact information participating in the TFE.

Vendor Name, (Vendor Category), Main Contact Name, Contact Phone and/or E-mail