



Manchester Health Department  
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## TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION

1. Name of event: \_\_\_\_\_

2. Location of event: \_\_\_\_\_

Describe site condition: \_\_\_\_\_

\_\_\_\_\_

3. Dates & Times of event: \_\_\_\_\_

4. Names of Event Coordinators/Responsible Individuals:

Name

Address

Phone Number

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

5. Email address of person in charge: \_\_\_\_\_

6. Indicate name of the On-Site Coordinator & how he/she can be contacted during entire event:

\_\_\_\_\_

\_\_\_\_\_

7. Number of food booths: \_\_\_\_\_

8. Name of each responsible food booth operator: (Attach additional sheets if necessary).

	Name	Address	Phone number
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

9. Date & time of event setup: \_\_\_\_\_

10. Describe restroom facilities (type, number, location): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate who will be responsible for their maintenance (pumping) during the event: \_\_\_\_\_

11. Will electricity be provided to the food booths?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

12. Describe potable water supply: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. Describe wastewater disposal system: (i.e. pump truck, municipal connection)

\_\_\_\_\_  
\_\_\_\_\_

14. Describe garbage disposal: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* Attach additional sheets if necessary