



TEMPORARY FOOD PERMIT EVENT INFORMATION

CITY OF MEDFORD BOARD OF HEALTH

85 George P. Hassett Dr. Medford, MA 02155 | 781-393-2565

Event Information

Name of the event:

Date of the event:

Event Time: Set-up:

Start:

Finish:

Clean-Up:

Expected total # of patrons:

Expected peak time and # of patrons:

Event Coordinator Information:

Contact #1 Name:

Email

Address:

Cellphone:

Contact #2 Name:

Email

Address:

Cellphone

Event Details:

Number of anticipated food vendors:

Will portable toilets be provided? Yes No If so, how many?

Will electricity be provided to the food booths? Yes No

If providing, describe the clean (drinkable) water supply and delivery and plan for wastewater disposal (Okay to discard water into portable toilet facilities)

Describe garbage disposal:

On the next page, please list the food vendors that will be present at your event. If they do not already have the information on file, they will need to provide the Health Department with a vendor application, a copy of a Certified Food Manager Certificate (SERVESAFE), and their copy of their Massachusetts Allergen Certificate. Once this application is submitted, Health Dept. staff will contact you with more information.

Signature

Title

Date Issued



**Please list anticipated food vendors who will be present at your event.
Use the same form if you need to list additional vendors**

Vendor #1

Please check if the following apply:

Business Name:

Permitted Medford Establishment

Person in Charge at Event:

Application on File with the Health Dept.

Type of Food:

Menu has changed from what's on file

Cell Number:

Email Address:

Vendor #2

Please check if the following apply:

Business Name:

Permitted Medford Establishment

Person in Charge at Event:

Application on File with the Health Dept.

Type of Food:

Menu has changed from what's on file

Cell Number:

Email Address:

Vendor #3

Please check if the following apply:

Business Name:

Permitted Medford Establishment

Person in Charge at Event:

Application on File with the Health Dept.

Type of Food:

Menu has changed from what's on file

Cell Number:

Email Address:

Vendor #4

Please check if the following apply:

Business Name:

Permitted Medford Establishment

Person in Charge at Event:

Application on File with the Health Dept.

Type of Food:

Menu has changed from what's on file

Cell Number:

Email Address:

Vendor #5

Please check if the following apply:

Business Name:

Permitted Medford Establishment

Person in Charge at Event:

Application on File with the Health Dept.

Type of Food:

Menu has changed from what's on file

Cell Number:

Email Address: