



Town of Wenham

Town Hall
138 Main Street
Wenham, MA 01984

BOARD OF HEALTH

TEL 978-468-5520 Ext. 4 FAX 978-468-6164

TEMPORARY FOOD EVENT COORDINATOR'S CHECKLIST

*Please return to the Board of Health at least **thirty (30) days** prior to the event.*

By providing the following information, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful and smooth operation. You must notify the food booth/truck participants that the Temporary Food Service Permit application must be received by the Board of Health no later than **30 DAYS PRIOR TO THE EVENT**.

1. NAME OF THE EVENT: _____ DATE: _____

2. EXPECTED NUMBER OF PATRONS: _____

3. EXPECTED PEAK DAYS & NUMBER OF PATRONS _____

4. NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS:

NAME

PHONE

EMAIL ADDRESS

- a. _____
b. _____
c. _____

5. NUMBER OF ANTICIPATED FOOD BOOTHS: _____

6. NAME, PHONE NUMBER, AND EMAIL ADDRESS OF EACH FOOD BOOTH

- a. _____
b. _____
c. _____
d. _____

Attach a separate sheet if necessary

7. TIME OF EVENT SET UP

8. DESCRIBE PROPOSED RESTROOM FACILITIES (TYPE, NUMBER, LOCATION): _____

9. WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS: _____ YES _____ NO



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10. DESCRIBE THE POTABLE WATER SUPPLY AND DELIVERY: _____

11. DESCRIBE THE WASTEWATER DISPOSAL SYSTEM: _____

12. DESCRIBE THE GARBAGE DISPOSAL: _____

SIGNATURE

TITLE

DATE

For official use only:

Date received: _____

Date of event: _____

Inspection scheduled: _____

Number of Vendors: _____

Temporary Food Permit applications submitted by all booths/trucks: _____