



BOARD OF HEALTH
TOWN OF FOXBOROUGH
 MASSACHUSETTS 02035
 www.foxboroughma.gov

40 SOUTH STREET
 Tel. (508) 543-1207
 Fax. (508) 543- 6278

COORDINATOR'S CHECKLIST FOR FOXBOROUGH TEMPORARY FOOD EVENTS

Appointment Date with BOH: _____

*** RETURN COMPLETED APPLICATION TO THE FOXBOROUGH BOARD OF HEALTH OFFICE
 THIRTY (30) DAYS BEFORE 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 participants that the Temporary Food Establishment Permit application must be received by the Board of Health no later than **30 DAYS PRIOR TO THE EVENT**.

1. NAME OF EVENT: _____ DATE(s): _____
2. EVENT LOCATION (**BE SPECIFIC – LOT #, ROOM NAME, ADDRESS, ETC.**): _____
3. EXPECTED NUMBER OF PATRONS: _____
4. EXPECTED PEAK DAYS & NUMBERS OF PATRONS: _____
5. NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE (work, home, cell)</u>
-------------	----------------	---------------------------------

--	--	--

6. NUMBER OF ANTICIPATED FOOD BOOTHS: _____
7. TIME OF EVENT SET-UP: _____ TIME OF EVENT COMPLETION: _____
8. DESCRIBE PROPOSED RESTROOM FACILITIES (TYPE, NUMBER, LOCATION, PROVIDED BY) – COMPLETE ATTACHED FORM:

9. WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS: ___ YES ___ NO
10. DESCRIBE THE POTABLE WATER SUPPLY AND DELIVERY: _____
11. DESCRIBE THE WASTEWATER DISPOSAL SYSTEM: _____
12. DESCRIBE GARBAGE DISPOSAL: _____

--	--	--

--	--	--	--