TOWN OF WELLFLEET
Health & Conservation Department
220 West Main Street
Wellfleet, MA 02667
508-349-0308
Hillary.Lemos@wellfleet-ma.gov

# Temporary Food Event Coordinator's Application

**(to be completed for events with several temporary food vendors)**

Application Submission Date:_____

Name of Event:_____

Location of Event:_____

Describe Site of Event and attach a map of the layout, be sure to label the map clearly

_____

_____

_____

Dates and Times of Event:_____

Name(s) of Event Coordinator(s) / Responsible Individual(s)

| Name | Address | Phone | Duties |
|---|---|---|---|

_____

_____

_____

_____

_____

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

Name Address Phone

_____

Expected Number of Patrons:_____

Expected Peak Days_____

Anticipated Number of Patrons Per Day_____

Number of Temporary Food Service Establishments_____

(attach a separate sheet if necessary)
Name of Establishment Name of Operator Address Phone Number

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date and Time that Food Operations Will Be Set Up:_____

Describe Toilet and Hand Washing Facilities:_____

_____

_____

_____

Indicate Who Will be Responsible for The Maintenance of the Handwash Facilities and Toilets:_____

_____

If Portable Toilets are Used How Often will they Be Serviced:_____

_____

Describe the Potable Water Supply:_____

_____

_____

Describe the Wastewater Disposal System:_____

_____

_____

Describe the Garbage Disposal_____

_____

_____

I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Health Department may nullify final approval.

_____

Signature Date

Approval of these plans and specifications by the Health Department does not indicate compliance with any other code, law, or regulation that may be required. Furthermore, it does not constitute endorsement or acceptance of the completed establishment. A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.