



TOWN OF WELLFLEET
Health & Conservation Department
220 West Main Street
Wellfleet, MA 02667
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Temporary Food Event (TFE) 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 / E-mail	Duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.