



Aspetuck
Health District

ASPETUCK HEALTH DISTRICT
180 Bayberry Lane, Westport, CT 06880-2855
Telephone: (203) 227-9571 Fax: (203) 221-7199

PACKET B

Fee: \$275

Multi-Vendor Temporary Event Application

Name of Sponsor: _____

Sponsor Address: _____

Food Coordinator: _____

Telephone: (____) _____ Fax: (____) _____

E-Mail Address: _____

Details of Event:

Name of Event: _____

Location of Event: _____

Date(s) of Event: _____ Anticipated Attendance (Total) _____

Hours of Operation: _____ Hours of Food Service: _____

No. of Food Booths _____

Directions:

The event applicant must complete this application and any following attachments. The application must be completed and submitted with payment to the Aspetuck Health District 14 business days prior to the start of the event.

If a temporary multi-vendor event application is submitted less than 14 business days before the event is scheduled, a late fee of **\$55** will be applied to any other required fee.

For Office Use Only

Paid **Cash** **Check** **Check Number** _____

Date Application Approved:	Date Permit Issued:	Date Mailed/Delivered:
By:	By:	By:

Notes/Conditions:

Please fill in the information below:

1. Will hot and cold running water be made available to vendors participating in this event?

Yes No

2. Will hand washing facilities be made available to vendors participating in this event?

Yes No

If not, describe the number, location and set-up of hand washing stations to be used by food vendors.

3. Describe the availability of toilet facilities.

4. Describe the number, location and type(s) of garbage disposal containers at the event.

5. Will electricity be available for vendor use at the event?

Yes No

If yes, describe how electricity will be provided at the event: _____

6. Please provide any additional information about what you will be doing that should be considered.

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the regulatory office may nullify final approval.

Signature (s) _____

Signature _____ Date _____

