

EXETER HEALTH DEPARTMENT

20 Court St, Exeter, NH 03833

603-773-6132, fax 603-773-6128

VENDOR TEMPORARY FOOD SERVICE APPLICATION FORM

APPLICATION MUST BE COMPLETE AND SUBMITTED to the Health Dept. 14 DAYS PRIOR TO EVENT

1. EVENT: _____

2. Applicant's Name: _____

3. Applicant's Add: _____

(street,city, state and zip)

Home Ph: _____ Cell/ Work Ph: _____ Email: _____

4. Person(s) in charge at food service site: _____

5. Event Location Address: _____

6. Beginning Date/time: _____ Ending Date/Time: _____

7. Licensed Facility Name for Advance/Off-Site Preparation: _____

Address: _____ License Number: _____

Preparation Begins: _____ Prep. Ends: _____

FOOD ITEM

OFF-SITE PREP

or

ON-SITE PREP

1. 1. 1.

2. 2. 2.

3. 3. 3.

4. 4. 4.

8. DESCRIBE:

Cold Holding Equipment: _____

Cooking Equipment: _____

Hot Holding Equipment: _____

Reheating Equipment: _____

Serving Equipment: _____

9. If food is transported to the food service site:

What is the length of time to transport? _____

How is food to be kept hot and/or cold? _____

10. Steam-type (0-220 F) Food thermometer available? Yes [] No [] -only if NOT cook/reheat/hot hold

11. Hand washing Facilities: Plumbed Sink [] OR Gravity Flow Container Spigot type []

Pump soaps and paper towels

12. Sanitizing Solution Spray or Bucket: Bleach Water [] OR Other [] _____

13. Garbage Disposal: Cans [] OR Dumpsters []

14. REQUIREMENTS: Ground cover if not on hard surface required// Tent-overhead protection //Food stored 6 inches off ground// Extra utensils //gloves //chemical test strip kit

APPLICANT'S SIGNATURE: _____ DATE: _____