



City of Portsmouth Health Department

1 Junkins Avenue
Portsmouth, NH 03801
(603) 610-7238

Temporary Event Coordinator – Vendor Listing

To be completed by Event Coordinator

This document shall list all food vendors wishing to participate in your event. It is to be filled out in conjunction with all other City applications, *not in lieu of them*. It provides the Health Department with a list of whom you have approved for participation in your event and for whom you are assuming responsibility.

Any person selling or sampling prepared, prepackaged or potentially hazardous (Time/Temperature Controlled for Safety) foods at this event must be listed here. Additionally, please designate whether each vendor is selling their food or if the food being sold/served is donated as part of a fundraiser. Please complete second page and attach a site map of vendor locations. Should questions arise regarding this process, please contact the Health Department at (603) 610-7238.

This form must be received by the Health Department no later than **ONE MONTH** prior to this event to allow adequate verification of licensing requirements. Additional requirements pertaining to Temporary Events may be found on the [Health Department webpage](#). **THIS IS NOT AN EVENT PERMIT.** Permits, licenses or other authorizations may be needed from the following departments: Planning, Inspections, City Clerk, City Council or other state and local authorities.

Name of Event: _____

Location of Event: _____

Date(s) and Time(s) of Event: _____

Arrival Time of Health Inspector: _____ **Please allow adequate time for pre-opening inspections.** All vendors must pass inspection in order for Event to open to the Public. **NOTE:** All vendors must be ready for inspection at Inspector's arrival time. Set up and Inspection must occur prior to licensing or operation.

Event Coordinator(s)/On-Site Coordinator(s): include phone # that can be reached at all times during event

Name	Address	Mobile phone
a. _____	_____	_____
b. _____	_____	_____

Date/Time of Set-up: _____ **Number of Vendors attending Event:** _____

Applicant's Signature: _____ **Date:** _____

Print Name: _____

If applying for a \$200 Fundraiser Fee, you must be a non-profit and sign the legal statement below:

100% of foods and proceeds from food sales will be donated to: _____

Signature: _____ **Date:** _____

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All vendors handling foods must fully meet Temporary Event requirements, including approved handwashing facilities and means of avoiding bare hand contact with foods.

Attach additional sheets as needed.

NOTE: It may be possible to add vendors after submission of this form to the Health Department, provided the request is in adherence to the two-week minimum application submission requirement. Contact the Health Department for further assistance.

Vendor Name	Address	Phone #	Donation or Sales?
1.			
2.			
3.			
4.			
5.			
6.			
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8.			
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10.			
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21.			