

Town of Marblehead
Board of Health
7 Widger Road,
Marblehead, MA 01945
Tel. 781-631-0212; Fax 781-639-3064
Health2@marblehead.org

Temporary Food Event (TFE) Coordinator's Application

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

Application Su	bmission Date:		
Name of Event	:		
Location of Ev	ent:		
Describe Site o	of Event and attach a map of t	he layout, be sure to label the	map clearly
Dates and Tim	es of Event:		
Name(s) of Ev	ent Coordinator(s) / Responsi	ble Individual(s)	
Name	Address	Phone / Email	Duties

Name of the On Name	-Site Coordi Addı	inator & how individual ress	can be contact Phone /Ema	
	C.D.			
Expected Numb	er of Patrons	S:		
Expected Peak I	Days			
Anticipated Nun	nber of Patro	ons Per Day		
Number of Tem	porary Food	Service Establishments		
(attach a separat	e sheet if ne	cessary)		
Name of Establi	shment	Name of Operator	Address	Phone Number
Date and Time t	hat Food Op	perations Will Be Set Up	:	
Describe Toilet	and Hand W	/ashing Facilities:		
20001100 Tonot	and Hully W	monning i definition		

-	onsible for The Maintenance of the Handwash Facilities and	_
	How Often will they Be Serviced:	-
Describe the Potable Water	Supply:	
Describe the Wastewater D	isposal System:	
	osal	
	ve information is correct and I fully understand that any ithout prior permission from the Health Department may	
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.