



# City of Portsmouth

## Health Department

1 Junkins Avenue

Portsmouth, NH 03801

(603) 610-7238 / Fax: (603) 427-1593

### Temporary Event Vendor Listing

To be completed by Event Coordinator

This document shall list all 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*. The information gathered here provides the Health Department with a list of whom you have approved for participation in your event and whom you are assuming responsibility for. All vendors should appear on this form. Additionally, there must be an indication of each vendor that will be selling/preparing potentially hazardous foods at this event. This includes any person selling any prepared, prepackaged, or potentially hazardous foods that would normally require a food permit. Any questions regarding this should be directed to the Health Department at (603) 610-7273. 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. **THIS IS NOT AN EVENT PERMIT**. Permits, licenses or other authorizations may be needed from the Planning Department and Inspections Department, City Clerk, City Council or other state and local authorities.

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date (s) & time(s) of event: \_\_\_\_\_

Event Coordinator(s)/On-Site Coordinator

Name	Address	Phone #
a. _____	_____	_____
b. _____	_____	_____

Telephone # of On-site Coordinator who can be reached at all times during event: \_\_\_\_\_

Date and Time of setup: \_\_\_\_\_

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: \_\_\_\_\_

**Set up and inspection must occur prior to licensing or operation.  
Complete reverse side and attach a site map of vendor locations.**

## Vendor List

All vendors handling foods must fully meet attached temporary event requirements including approved handwashing facilities and means of avoiding bare hand contact with foods.

Vendor Name	Address	Phone #	Selling foods? Y/N?

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 notification requirement. Contact the Health Department for further assistance.