



The Milford Health Department

82 New Haven Avenue ♦ Milford, CT ♦ 203-783-3285 ♦ Fax 203-783-3286

Event Coordinator/Sponsor Temporary Event Application

Applications must be submitted at least four (4) weeks prior to the event.

Event Organizer Information	Event Information	
Event Coordinator/Sponsor Name:	Name of Event:	
Name of Person(s) In Charge:	Event location:	Application for City Use complete(circle): Yes No
Person In Charge cell phone #:	Date(s) of Event: Set-up time:	Hours of Event:
Person In Charge email:	Maximum Attendance Anticipated:	Rain date:
On-site Contact/Food Coordinator (if different than above):	<input type="checkbox"/> Indoor event <input type="checkbox"/> Outdoor event Will the event occur regardless of the weather: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, rain/reschedule date:	
On-site Contact/Food Coordinator cell #:	Facilities to be provided by the event coordinator (check all that apply): <input type="checkbox"/> Security (overnight) <input type="checkbox"/> Trash disposal <input type="checkbox"/> Hand washing stations <input type="checkbox"/> Toilets/port-a-potty <input type="checkbox"/> Electricity <input type="checkbox"/> Water <input type="checkbox"/> Food storage (i.e., refrigerated trailer) <input type="checkbox"/> Ice <input type="checkbox"/> Other (specify): _____	
On-site Contact/Food Coordinator email:		

- Attach a list of all food vendors and their contact information. Event Coordinator/Sponsor is responsible for ensuring all Temporary Event Food Vendors are listed and submit Temporary Food Service License Applications to Milford Health Department. NOTE: All Temporary Food Service License Applications must be submitted at least **ten (10) business days prior to the event to avoid a late fee.**
- Individual Temporary Food Service License Applications will not be accepted if submitted less than four (4) business days before the event.
- A scaled map must be provided with this application on the grid provided or larger (1" = 20') which shows the number and location of the following items:
 - Food Booth/Truck locations - Numbered
 - Public Toilets and/or Portable units with hand washing stations
 - Hand washing stations - Provide water, liquid soap, paper towels *Note: toilets and hand washing stations shall be checked every ½ hour during the event for cleanliness and maintenance
 - Water supply/potable water location/storage
 - Dumpsters/garbage cans
 - Ice/refrigerated trucks
- Attach an event flyer, advertisement, itinerary of events, if available.
- Temporary Food Service License(s) will not be issued until applicant demonstrates compliance with State & Local Health Code requirements and passes an on-site inspection.

The undersigned has read and understands the items above and agrees to comply with all Health Department requirements.

Signature of Event Coordinator: _____ Date: _____

THE EVENT SPONSOR/COORDINATOR IS RESPONSIBLE FOR UPDATING THIS APPLICATION WHENEVER NEW FOOD VENDORS ARE ADDED

Event Food Vendor List- Food Businesses

NOTE: All Temporary Food Service Permit Applications must be submitted by the individual food vendor to the Milford Health Department at least ten (10) business days prior to the event.

FOOD BUSINESS NAME	PERSON IN CHARGE NAME	CELL PHONE # EMAIL	ADDRESS (street, city, state, zip)	SET UP (tent, truck, pushcart, combo) Label location on map	<u>VENDOR:</u> Cottage, MOU, MHD Licensed
		Cell Phone #			
		Email:			
		Email:			
		Email:			
		Email:			
		Email:			
		Email:			
		Email:			

EVENT MAP: DIAGRAM NEEDS TO BE LEGIBLE. PLEASE LABEL EVERYTHING SHOWN.



Please mail or drop off application to: Milford Health Department
Attn: Environmental Health Division
82 New Haven Ave.
Milford, CT 06460