



The Milford Health Department

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

Event Coordinator/Sponsor Temporary Event Application

Name of Event: _____

Event location: _____

Date(s) of Event: _____ Hours: _____

Event Coordinator/Sponsor: _____

Contact phone #'s: (W/H) _____ (C) _____

Email: _____

Food Coordinator: _____ Email: _____

Address: _____

Phone #'s: (W/H) _____ (C) _____

Alternate food coordinator: _____ Email: _____

Address: _____

Phone #'s: (W/H) _____ (C) _____

Peak attendance expected: _____

- Attach a list of all vendors and their contact information. **NOTE:** All Temporary Permit Applications must be submitted at least ten business days prior to the event.
- A scaled map must be provided with this application, (1" = 20') which shows the number and location of the following items:
 - ✓ Food Booths - Numbered
 - ✓ Public Toilets and/or Portable units with handwashing stations
 - ✓ Hand washing facilities - Provide water, liquid soap, paper towels
 - ✓ Paper and liquid waste receptacles
 - ✓ Note that toilets and hand washing facilities shall be checked every ½ hour during the event for cleanliness and maintenance
 - ✓ Water supply/private well
 - ✓ Dumpsters/garbage cans
 - ✓ Ice/food trucks

Signature of Coordinator: _____ Date: _____

Event Vendor List

NOTE: All Temporary Permit Applications must be submitted to the Milford Health Department at least ten business days prior to the event.

| NAME | ADDRESS | EMAIL | PHONE # |
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