

Board of Education Temporary Food Event Assessment Form

Application must be received 30 days prior to event

Event Name: _____

Location: _____

Contact Name: _____

Phone: _____

E Mail: _____

Date Received: _____

Date of Event: _____

Time of Event: _____

Food Items to be served:

Food to be prepared in/by:

Licensed Kitchen, Where: _____

Caterer, - Name and Address: _____

Restaurant - Name and Address: _____

Market - Name and Address: _____

Cook/Prep in Temporary Kitchen: (i.e. Food Booth)

** If setting up a food booth please provide a location and sketch of the booth (on the back).
If submitting by email, please bring sketch on the back of your original form. **

Board of Education Approval

Event requires approval of Health Department

Event approved: Y N

Inspector Signature _____

Date: _____