

NEWTOWN HEALTH DISTRICT DEPARTMENT OF HEALTH
31 PECKS LANE
NEWTOWN, CT 06470
(203) 270-4291 FAX: 203-270-1528

TEMPORARY EVENT APPLICATION

Name of Event: _____

Date/Time of Event: _____

Location of Event: _____

Event Spokesperson: _____ Rain Date: _____

Mailing Address: _____

Phone Number: _____

1. List all foods and beverages that will be served, including condiments:

2. Where and when will food be purchased? _____

3. List where food will be stored and/or prepared prior to the event.

4. How and when will food be delivered to the event? _____

5. How will foods be kept cold (**below 45 degrees F**)? _____

6. How will foods be kept hot (**above 140 degrees F**)? _____

7. Describe cooking procedures: _____

