Michael Lanoue, Chair Peter Stanton, Vice Chair Ruby Chang, M.D.



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TOWN OF GREAT BARRINGTON MASSACHUSETTS

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Temporary Food Event Organizer Form

EVENT INFO: A list of all Food Vendors attending this event must accompany this application.

Name of Event or Market:	
Location:	Date(s):
Hours of Operation:	Expected Patrons per day:
Drinking Water Provider:	Private Well Water: (*attach water sample)
Portable Toilet Provider:	# of Portable Toilets:
Garbage/ Waste Removal Plan:	
Vendors. If yes, Event Coordinator i applicants.	of the Event intend to pay the all Health Dept. permit fees for Foods responsible for \$25/ per day/ per vendor or any late fees accrued by
Name of Event Organizer(s) or	
Primary Contact:	
	Mailing Address:
REQUIREMENTS:	
scheduled event. Event Organizer incomplete. Every vendor must o Department. Please send a copy of vendors so everyone is on the san late fee of \$25/per week the appli	submitted to the Health Department 30 days prior to the swill be charged \$25.00 each week the form remains btain an individual Food Permit, issued by the Health of the Board of Health's Temporary Food Permit Policy to all the page with deadlines and late fees. Vendors will be charged a cation is late. Food vendor applicants are encouraged to apply online permitting website however, mailing in an application is
accurate information and affirm that	ry that I, to the best of my knowledge and belief, have provided t I will comply with the MA Food Code 105 CMR 590.000 and allow ied under §8-402.11 of the Food Code.
Signature:	Date: