



City of Portsmouth  
Health Department  
1 Junkins Avenue  
Portsmouth, NH 03801  
(603) 610-7238 / Fax: (603) 427-1593

**Temporary Event Vendor Listing**  
**To be completed by Event Coordinator**

This document shall list all vendors wishing to participate in your event. It is to be filled out in conjunction with all other City applications, *not in lieu of them*. The information gathered here provides the Health Department with a list of whom you have approved for participation in your event and whom you are assuming responsibility for. All vendors should appear on this form. Additionally, there must be an indication of each vendor that will be selling/preparing potentially hazardous foods at this event. This includes any person selling any prepared, prepackaged, or potentially hazardous foods that would normally require a food permit. Any questions regarding this should be directed to the Health Department at (603) 610-7238. This form must be received by the Health Department no later than four weeks prior to this event to allow adequate verification of licensing requirements. **THIS IS NOT AN EVENT PERMIT.** Permits, licenses or other authorizations may be needed from the Planning Department and Inspections Department, City Clerk, City Council or other state and local authorities.

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date (s) & time(s) of event: \_\_\_\_\_

Event Coordinator(s)/On-Site Coordinator

Name	Address	Phone #
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a.	_____	_____
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b.	_____	_____
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Telephone # of On-site Coordinator who can be reached at all times during event: \_\_\_\_\_

Date and Time of setup: \_\_\_\_\_

Number of vendors attending event: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**Set up and inspection must occur prior to licensing or operation.**  
**Complete reverse side and attach a site map of vendor locations.**

