



Town of Wallingford Health Department

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Director of Health:
Vanessa Bautista,
MPH, R.S.

Temporary Event Coordinator Application

Per Wallingford Town Ordinance **§ 122-7A(2)(e)**, Temporary Events open to the public with vendor(s) preparing / serving food will be coordinated through an individual called a Temporary Event Coordinator (TEC). The TEC must submit this completed application twenty (20) working days prior to the Temporary Event start date. Food vendors must submit a Temporary Food Establishment Permit Application at least ten (10) working days prior to the Temporary Event start date. A late application may result in late fees or the denial of a Temporary Food Establishment Permit.

NOTE: *Itinerant Food Establishments with a current annual permit to operate in Wallingford do not need to complete a Temporary Food Establishment Permit Application to operate at a Temporary Event. A list of annually permitted Itinerant Food Establishments is available upon request from the Wallingford Health Department.*

Name of Event: _____

Date(s) / Time(s) of Event: _____

Address / Location of Event: _____

Temporary Event Coordinator Name: _____

Phone Number: _____ E-Mail Address: _____

*Please list the names & contact information for **all food vendors** attending your event.*

Temporary Food Establishment #1

Name of Food Vendor: _____

Owner of Business: _____

Phone Number: _____ E-Mail Address: _____

Date(s) / Time(s) Attending Event: _____

Temporary Food Establishment #2

Name of Food Vendor: _____

Owner of Business: _____

Phone Number: _____ E-Mail Address: _____

Date(s) / Time(s) Attending Event: _____

Temporary Food Establishment #3

Name of Food Vendor: _____

Owner of Business: _____

Phone Number: _____ E-Mail Address: _____

Date(s) / Time(s) Attending Event: _____

Temporary Food Establishment #4

Name of Food Vendor: _____

Owner of Business: _____

Phone Number: _____ E-Mail Address: _____

Date(s) / Time(s) Attending Event: _____

Temporary Food Establishment #5

Name of Food Vendor: _____

Owner of Business: _____

Phone Number: _____ E-Mail Address: _____

Date(s) / Time(s) Attending Event: _____

Temporary Food Establishment #6

Name of Food Vendor: _____

Owner of Business: _____

Phone Number: _____ E-Mail Address: _____

Date(s) / Time(s) Attending Event: _____

Temporary Food Establishment #7

Name of Food Vendor: _____

Owner of Business: _____

Phone Number: _____ E-Mail Address: _____

Date(s) / Time(s) Attending Event: _____

Please follow the format above for listing any additional vendors.