



## BOARD OF HEALTH

**Town of Sutton**  
4 Uxbridge Road  
Sutton, MA 01590  
Telephone: 508-865-8724

### EVENT COORDINATOR GENERAL GUIDELINE AND ATTESTATION FORM

**Prior to food permits being issued for EVENTS, this form must be submitted and approved by the Board of Health Office 30 days prior to the event.**

Name of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

☐ Public Event

☐ Private Event

- ☐ For Public Inquiries - Event Contact Name \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_
- ☐ Location(s) of Event \_\_\_\_\_
- ☐ Event Time AM/PM \_\_\_\_\_ Duration # \_\_\_\_\_ Hours
- ☐ Weather (Rain) Date(s) \_\_\_\_\_ Location Change \_\_\_\_\_
- ☐ Town Clerk's Office (Reserve Common and/or Band Stand Only)
- ☐ Obtain Consent from Town Manager/Select Board if on Town Property
- ☐ Coordinate w/ Highway Dept. - Town Property Only (mowing/brush, cones, etc.)
- ☐ Obtain Consent from Town Manager/Select Board to sell Alcohol (60 Day notice)
- ☐ Obtain Consent from Town Manager/Police Mobile's Location/Guests Parking
- ☐ Police Dept. Approval (if required), Police Detail/Road Closures (if required)
- ☐ Fire Dept. Approval (if required), (Medical Personnel, if required)
- ☐ Building Dept. Approval (Signage/Permits/Amusement Inspections) (if required)
- ☐ Town Cable Dept. - Event Postings (Road Closures/Detours/Parking Rules/etc.)
- ☐ School Dept. Approval (if required)
- ☐ Obtain Consent from Private Property Owner(s) (if required)
- ☐ Licensed Rubbish Disposal Company secured
- ☐ Event Coordinator is responsible for all clean up. Must secure all debris during and at close of the event and full removal of event within 24 hours after the event.
- ☐ Obtain \_\_\_\_\_ # of Hand Washing Station(s) (if required, by BOH)
- ☐ Obtain \_\_\_\_\_ # of Portable Toilet(s) (if required by BOH)
- ☐ **Attach List of Vendors Participating and Description of Event Activities**
- ☐ Completed Temporary Food Permit Application(s) with all requested documentation and fees (14 days prior to event or as requested)

I hereby attest that I have read and will abide by all of the above, and will contact each department, as required, for specific instructions.

\_\_\_\_\_  
Event Coordinator Signature

\_\_\_\_\_  
Date



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### EVENT DETAILS

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

Set Up Time Begins \_\_\_\_\_ Event Begins \_\_\_\_\_

Description of Event Activities (Attach Brochures/Flow Chart, if applicable)

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#### Food Vendor List

<i>Business Name</i>	<i>Brief Description</i>

#### Non-Food Vendor List

<i>Business Name</i>	<i>Brief Description</i>