



# 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>