FEAST OF THE THREE SAINTS
SAINTS ALFIO, FILADELFO & CIRINO SOCIETY

7/1/2019

We hope you are interested in participating in this year's Feast of the Three Saints. Please complete the following application and return with the necessary fees to Three Saints Inc 20 Common Street, Lawrence MA. 01840

A deposit of $200.00 plus associated fees (Propane Tanks and Food Permits from the City of Lawrence which will be obtained by the Feast Vendor Committee) is due by August 1st, 2019 in order to secure a vendor spot for this year's Feast. Balance must be paid in full by August 30th, 2019 (prior to setup) or you will not be able to set up your booth on the weekend of the Feast and risk losing your location. Please note we will not be able to accept checks (cash or credit card only) two weeks before the Feast.

All vendors are responsible for clean up of their location each night. Trash must be brought to the front of the vendor location each night for pick up.

All game employees must obtain a CORI CHECK from their local police department.

All food handlers MUST have a Serv-Safe Certification (required to operate per the Board of Health in Lawrence, MA) Copy of the certificate is required with the application. Original Serv-Safe Certificate needs to be displayed throughout the weekend of the Feast at the vendor location. http://www.serve.com

Set up hours:
Thursday August 29th, 2019 (5:00PM – 9:00PM) – Trailers only will be able to set up
Friday August 30th, 2019 (7:00AM – 3:00PM) – Vendor booths will be able to set up.

Feast Hours of Operation:
Friday August 30th, 2019 6:00PM – 10:00PM
Saturday August 31st, 2019 12:00PM – 10:00PM
Sunday September 1st, 2019 12:00PM – 9:00PM

Please contact the Vendor Committee for additional information at 978-361-7831

Regards,

Aaron DiGloria
John Sapienza
TEMPORARY FOOD PERMIT APPLICATION

**ALL INFO IS REQUIRED**

*NAME OF BUSINESS:________________________________________

*NAME OF APPLICANT:________________________________________

*PHONE:________________________

*NAME OF OWNER (if different):_________________________________

*ADDRESS:__________________________________________________

*CITY:____________ *STATE:_______ *ZIP CODE:____________________

EMAIL ADDRESS:_____________________________________________

*NAME OF EVENT:____________________________________________

*PHONE:________________________

*EVENT COORDINATOR:________________________________________

*EVENT ADDRESS:____________________________________________

*CITY:____________ *STATE:_______ *ZIP CODE:____________________

*DATE/TIME OF EVENT:________________________________________

*NAME OF P.I.C. CERTIFIED IN FOOD HANDLEING:

LIST ALL FOOD/BEVERAGES THAT WILL BE SERVED AND THE ESTABLISHMENT WHERE THE FOOD WAS PURCHASED:

ITEMS:______________________________________________________________________________________________

LOCATION PURCHASED:______________________________________________________________________________

***PHF'S (POTENTIALLY HAZARDOUS FOOD PRODUCTS) ALWAYS REQUIRES A HEALTH INSPECTOR ON SITE. CHECK WITH OFFICE IF YOU HAVE QUESTIONS ON THIS***
*FEES ARE AS FOLLOWS:
*EVENT $25.00 (TWENTY FIVE DOLLARS)

PREPARATION/COOKING FACILITIES
ON SITE: YES ___ NO ___ N/A, IF YES, DESCRIBE FACILITIES AND EQUIPMENT:

OFF SITE: YES ___, IF YES, WHERE?

FOOD PROTECTION:
DESCRIBE EQUIPMENT AND MEANS OF TRANSPORTING FOOD HOT (140°F OR ABOVE), COLD (45°F OR BELOW)

REFRIGERATION: REQUIRED ____ NOT REQUIRES ____

METHOD OF REFRIGERATION:

TYPE OF COOKING/HOT HOLDING EQUIPMENT:

DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION DURING PREPARATION, STORAGE AND DISPLAY:

GARBAGE AND RUBBISH:
DESCRIBE MEANS FOR STORAGE AND DISPOSAL:

Este es un documento legal importante, puede que afecte sus derechos. Usted debe adquirir una traducción de este documento.
*PERSONNEL AND FOOD HANDLING PRACTICES:

NUMBER OF FOOD HANDLERS: __________________________

LOCATION OF HANDWASHING FACILITIES: __________________________

LOCATION OF TOILET FACILITIES: __________________________

HAIR RESTRANTS PROVIDED: YES ____ NO ____

DISPOSABLE GLOVES PROVIDED: YES ____ NO ____

*SIGNATURE OF APPLICANT: __________________________