

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

7/1/2019

We hope you are interested in participating in this years 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 years 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 previous years 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.servsafe.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 30 th , 2019	6:00PM – 10:00PM
Saturday August 31 st , 2019	12:00PM – 10:00PM
Sunday September 1 st , 2019	12:00PM – 9:00PM

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

Regards,

Aaron DiGloria
John Sapienza



CITY OF LAWRENCE

INSPECTIONAL SERVICES DEPARTMENT
BUILDING • PLUMBING INSPECTOR • FOOD INSPECTOR • HEALTH DEPARTMENT
CODE ENFORCEMENT • WEIGHTS & MEASURES

City Hall • 200 Common Street • Lawrence, MA 01840
Tel: (978) 620-3130 • www.cityoflawrence.com

Michael Armano
DIRECTOR OF INSPECTIONAL SERVICES/
AGENT BOARD OF HEALTH

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: _____

*EVENT COORDINATOR: _____ *PHONE: _____

*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:

<u>ITEMS:</u>	<u>LOCATION PURCHASED:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*****PHF'S (POTENTIALLY HAZARDOUS FOOD PRODUCTS) ALWAYS REQUIRES A HEALTH
INSPECTOR ON SITE. CHECK WITH OFFICE IF YOU HAVE QUESTIONS ON THIS*****

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Usted debe adquirir una traduccion de este documento.*



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***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/HOTHELDING EQUIPMENT:

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

GARBAGE AND RUBBISH:

DESCRIBE MEANS FOR STORAGE AND
DISPOSAL: _____

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***PERSONNEL AND FOOD HANDLING PRACTICES:**

NUMBER OF FOOD HANDLERS: _____

LOCATION OF HANDWASHING FACILITIES: _____

LOCATION OF TOILET FACILITIES: _____

HAIR RESTRAINTS PROVIDED: YES ___ NO ___

DISPOSABLE GLOVES PROVIDED: YES ___ NO ___

*SIGNATURE OF APPLICANT: _____

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