



SPONSORING AGENCY/MARKET MASTER REGISTRATION FORM

EVENT DATE(S): _____ EVENT TIME(S): _____

NAME OF EVENT: _____

LOCATION: _____

EVENT SPONSOR/MARKET MASTER: _____

ADDRESS: _____

PHONE: () CELL: () FAX: ()

EMAIL: _____

Expected attendance/Day: _____ Number of vendors: _____ (list below)

Electricity available: Y N Public water available: Y N

Attached location sketch of the following:

Number of handwashing facilities: _____ Number of public toilets: _____

Number of employee toilets: _____ Number of solid waste disposal receptacles: _____

Number of liquid waste disposal receptacles: _____ Number of oil disposal receptacles: _____

VENDORS (Continue on separate paper if necessary)

NAME:	ADDRESS:	PHONE, FAX, EMAIL:	TYPE (S) OF FOOD:

Quinnipiac Valley Health District

A Regional Health Department Serving Bethany, Hamden, North Haven and Woodbridge, CT

1151 Hartford Turnpike . North Haven . CT . 06473 . tel (203) 248-4528 . fax (203) 248-6671 . www.qvhd.org