

## **City of Portsmouth Health Department**

1 Junkins Avenue Portsmouth, NH 03801

## **Temporary Event Coordinator – Vendor Listing**

To be completed by Event Coordinator

Attach additional sheets as needed.

**NOTE:** It may be possible to add vendors after submission of this form to the Health Department, provided the request is in adherence to the two-week minimum application submission requirement. Contact the Health Department for further assistance.

Vendor Name	Address	Phone #	Donation or Sales?
1			
2			
3			
5			
8			
9			
11			
12			
14			
24			