



**Fenway Community
Development Corporation**
Improving Lives and
Building Community

Taste of The Fenway Event Information and Check-List

Enclosed you will find important event information regarding your participation in the Taste of The Fenway Event.

Event Forms:

1. City of Boston's Temporary Food Service Application
2. Restaurant Needs Form
3. Restaurant Information Form
4. Event Contract

If you have questions, please contact:

Iris Tan

Email: itan@fenwaycdc.org

Phone: (857) 234-6509

You may return the completed forms to Fenway CDC by the following ways:

Email: projects@fenwaycdc.org

Fax: (617) 267-8591

Mail: Cindy Ta, Fenway CDC, 70 Burbank Street, Boston, MA 02115

Taste of The Fenway Event Details

Event Date:	Thursday, September 21, 2017, 5:00pm to 7:00pm (Shine or Rain)
Set-Up:	Participating booth vendors - staff of restaurant or business may begin set-up at 3:00pm. We ask that the booth vendors are on site by 4:30pm. Please be prepared with food for up to 500 guests.
Time:	Event and food service begins at 5pm and ends at 7pm.
Location:	Van Ness Street, Boston (Kilmarnock Street to Richard B Ross Way. Van Ness Street will be closed for this outdoor event.)
Tables:	Each restaurant will be provided with two tables (8-foot and 6-foot) with conference length linens. A sign with your restaurant's name will be hung on your booth. Please bring props, signage, banners, decorations, restaurant information, or anything else you feel may enhance your presence. Please bring an extra working table if you need.
Electricity/Ice:	<p>Please indicate on the following form if you will need electricity. Electricity is only provided if you request it. If you require electricity, you must supply your own extension cords.</p> <p>Please specify on the restaurant needs form the type of cooking methods (gel fuel, propane burners, or fryolators) you will use at the event so that we can apply the permit with Boston Fire Department.</p> <p>Please contact Iris Tan with any questions at (857)-234-6509 or itan@fenwaycdc.org</p>
Health Inspection:	We will obtain temporary food service permits for all participants. <u>A health inspector will be present at the event. To comply with all health regulations, hairnets, gloves, and a hand washing station will be available at the venue.</u>

Restaurant Needs Form

Please return all completed forms to Iris Tan, Fenway CDC by mail, fax, or email to Iris Tan at itan@fenwaycdc.org.

Silent Auction Gift Certificate Donation:

A major portion of the funds raised by the event will come from the event's Silent Auction. Please consider donating a gift certificate for the Silent Auction.

YES, we will donate a gift certificate!

Please mail to Fenway CDC, 70 Burbank Street, Boston, MA 02115, MA by August 25, 2017

\$50

\$100

Other Amount: _____

Cooking Needs:

1. Indicate what you need to cook or warm the food that you are serving (check those that apply or describe)

Stove _____ Grill _____ Others: Please specify _____

2. Are you using any of the following for cooking or warming the food?

Gel fuel _____ Propane burners _____ Fryolators _____

Others: Please specify _____

Electricity:

Please indicate if you will need electricity. Also, indicate the type of heating you will be using
(NOTE: Propane burners and fryolators may not be used per order of Boston Fire Dept.)

Electricity? YES /NO Heating Device: YES/NO If Yes, Type of Device _____

Number of outlets needed: _____ Voltage requirements: _____

*****Also, remember to bring any extension cords that you may need.*****

Service Needs:

Indicate which products you will need provided to serve your dish:

Plates _____ Bowls _____ Forks _____ Spoons _____ Knives _____ Cups _____

Restaurant Information Form

Restaurant	
Chef	
What are you serving	
Serving Quantity	
Address	
Phone	
Fax	
Website	
Twitter	
Facebook	

Restaurant Contract

Please reserve a table for _____ (restaurant name) to participate in Fenway CDC's fundraising event, **Taste of The Fenway** on Thursday, September 21, 2017, 5pm to 7pm, at Van Ness Street, Boston.

I understand that I will have to provide 500 samples of food tastings for guests at the event. I also confirm that the restaurant named above has full and current liability insurance to cover participation in **Taste of The Fenway** and acknowledge that Fenway CDC will not provide liability insurance for participating restaurants. The restaurant named above and its agents and representatives agree to indemnify and hold Fenway CDC harmless of any accidents or injuries to anyone representing your restaurant at the event or to other attendees of the event associated with your participation in **Taste of The Fenway**.

Restaurant Owner/Chef/Manager:

Full Name: _____

Title: _____

Email: _____

Work phone number: _____ **Mobile Number:** _____

Please liaise with the following restaurant staff to coordinate event logistics:

Full Name: _____

Title: _____

Email: _____

Work phone number: _____ **Mobile Number:** _____