

23rd Annual
TASTE
of the **TOWNS**

MAY 6:00-9:30PM
7 SHERATON NASHUA
2026 11 TARA BLVD
NASHUA, NH

* FESTIVE ATTIRE



Celebrate Nashua Center's continued impact at our annual Taste of the Towns event! This event brings together the community to enjoy exceptional food, drinks, and auctions while supporting our vital services for individuals with disabilities and children, birth to age 3, requiring early intervention supports.

We invite restaurants, catering companies, food purveyors, wine vendors, breweries, and mixologists to participate. Showcase your talents, serve our guests, and gain valuable exposure for your business. By joining us, you'll help make a difference in the lives of those we serve.

WHEN: Thursday, May 7, 2026; 6:00 - 7:30pm *Must be set up by 5:00pm*

WHERE: Sheraton Nashua

What We Need from You:

We're seeking food and beverage vendors to provide delicious bites or drinks, engage with guests, and highlight their brands at action stations serving 350+ attendees. Please bring business cards, promotional materials, and 1-2 staff members to represent your business.

What We Offer You:

- Recognition in event signage and promotional materials
- Public acknowledgment during the event
- Two complimentary tickets for friends or family

To confirm your participation, complete the attached forms and return by April 10, 2026.

Thank you for your consideration and support. Visit our website at www.nashuacenter.org for more details about our work. Together, let's make this "Taste of the Towns" one to remember!

Please feel free to reach out to me at (603) 883-6163 ext. 15 or via email mgordineer@nashuacenter.org with any questions.

Warm regards,

Marianne Gordineer
Director of Development





VENDOR PARTICIPATION

Business Name (as you wish to be listed) _____

Contact Name _____

Address _____

Phone _____ Email _____

- Per City of Nashua, **please indicate the type of food/beverage you will donate on the following page.** Be sure to indicate where foods will be prepared, describe how foods/beverages will be maintained at proper temperatures, during transportation and for service and describe how foods/beverages will be safely distributed.
 - **Example:** Food will be transported to the event in a cambro to maintain temperature of >135F and displayed in chaffing dishes. Temperatures will be taken periodically with probe thermometer to verify proper temperature is maintained.

Food will be served by a staff member on disposable plates using clean gloves, utensils, hair covering, and access to handwash

Which will serve approximately 150 250 350 Number of servers attending: 1 2

Type: Dessert Beverage Savory Dietary Options: Gluten Free Vegetarian

Please indicate your presentation needs, we will be providing napkins, plates/bowls, table(s), tablecloths, tasting glasses (plastic) and utensils. No cooking appliances permitted, only use of warmers/ heat lamps.

Please note if you will need: chaffing dish sterno electricity

Each space will have signage, and preferred locations are available on first commit basis. We encourage you to bring advertising materials for display, such as menus, business cards, coupons, table signage, etc.

For alcoholic beverage participants please provide:

1. Server Name: _____
 DOB: _____ Country of Birth: _____
 Street Address: _____ City/State/Zip: _____

2. Server Name: _____
 DOB: _____ Country of Birth: _____
 Street Address: _____ City/State/Zip: _____

Documents Required: Certificate of Insurance naming Sheraton and Nashua Center as additional insured
 Copy of Food Service License (food vendors only) Recent Health Inspection Report (food vendors only)

City of Nashua • Division of Public
Health & Community Services

Environmental Health Department

18 Mulberry Street, Nashua, NH
03060

phone: 603-589-4530

fax: 603-589-4539



Temporary
Food Service
Establishment
License Application

**TO BE COMPLETED BY
PARTICIPATING FACILITY**

(NRO 2008 Chapter 170)

Application must be submitted TWO WEEKS before the event for review and approval.

Event Name:	Date(s) of event: Rain date:
Event address:	Time event begins:
	Time event ends:
	Time of set-up:
Facility must be ready for inspection prior to distribution of food, or license will not be issued.	
Name to be Printed on License:	
Person(s) in Charge of Food: MUST BE PRESENT DURING ENTIRE EVENT	
Address:	City/State/Zip:
Email:	Phone:

No home prepared or stored foods are allowed. List licensed facility name for food storage/prep/cleaning. Please attach Commissary Agreement if using a licensed kitchen other than one you own.

Please list all foods to be sold or distributed at event, to include beverages and condiments. This list is subject to approval and cannot be changed without prior written consent. No home prepared or stored foods are allowed.

Food/Drink/Etc.	Preparation Please include where foods will be prepared	Please describe how foods/beverages will be maintained at proper temperatures, during transportation and for service	Please describe how foods/beverages will be safely distributed
Source of water for event:			
Source of ice for event:			
Describe method of hand washing:			
Describe method of utensil washing:			
Describe location of trash disposal:			

Describe location of sewage/gray water disposal:	
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Describe method to prevent customer contamination (shields, condiments, etc.):
Describe location of toilet facilities:
Describe method of sanitization: Appropriate test kit must be provided.
Describe method of refrigeration: All potentially hazardous foods must be stored at or below 40°F.
Describe method of hot holding: All potentially hazardous foods must be stored at or above 140°F.
Note: You must have an acceptable food service thermometer to monitor hot and cold food temperatures periodically throughout the event.

Please provide sketch of temporary food service establishment set up. Identify and describe all equipment including cooking, cold and hot holding equipment, hand washing facilities, work surfaces, dishwashing facilities, storage, trash containers, equipment for customer self service and dispensing of condiments.

By signing this application, I do hereby agree to comply with the rules and regulations as outlined in this application, the accompanying guidance document and with any additional instructions. I understand that only the foods listed may be sold. Failure to comply with this and all other requirements may result in a license not being issued, or having the license revoked.

Signed: _____ Date: _____
 -----PLEASE DO NOT WRITE BELOW THIS LINE-----

Date received:	Check number:	Check amount:
Plan review completion date:	EH Initials:	Approval date: