



North Central District Health Department

- Enfield—31 North Main Street, Enfield, CT 06082 * (860) 745-0383 Fax (860) 745-3188
- Vernon—375 Hartford Turnpike, Room 120, Vernon, CT 06066 * (860) 872-1501 Fax (860) 872-1531
- Windham—Town Hall, 979 Main Street, Willimantic, CT 06226 * (860) 465-3033 Fax (860) 465-3032
- Stafford—Town Hall, 1 Main Street, Stafford Springs, CT 06076 * (860) 684-5609 Fax (860) 684-1768

Patrice A. Sulik, MPH, R.S.
Director of Health

TEMPORARY FOOD SERVICE APPLICATION

- 1-3 Day Event - \$100.00; Each additional day beyond 3 days for same event - \$50.00/day**
Failure to submit application and/or pay appropriate fee at least 2 weeks in advance - \$50.00
*****Permit Fee for Non-Profit Organizations is as follows:*****
 - Non-Profit with Consult Only - \$25.00; or Non-Profit with Inspection - \$50.00
 - Temporary Vendor- Multiple Temporary Events- \$300.00

Name of Organization: _____

Address of Organization: _____

Event: _____

Address of Event: _____

Date(s) of Event: _____ Rain Date ? _____

Time(s) of Event: _____

Number of Food/Beverage Concession Booths: _____

Multiple Event Vendor – List Events in order of date: (List additional dates on reverse of this page) _____

Please **print** name and phone number of primary contact person for food: _____

Day Time Telephone No. (8:30-9:30 a.m. or 3:30 - 4:30 p.m.) _____

E-Mail Address _____

The following information must be completed in its entirety before an approval may be granted.

Permit Number: _____	Approved: _____
QFO: _____	Certificate: Y N Copy Rec'd _____

1. List food/beverages/ice suppliers (US Foods, PFG, etc.) or stores (Costco, Big Y, ShopRite, etc.) where these items will be purchased/obtained.

2. List **all menu items** to be served at the function (including commercially prepared items, beverages, condiments):

Temporary Food Event Fees

Temporary Vendors: (1-3 days)	100.00
Temporary Vendors with a Licensed Base of Operation who will participate in multiple temporary events, using the same menu , in our communities	300.00
50% of the established fees for each vendor for a first-time event (NCDHD will determine if the event is a new event.)	
Non-Profit Temporary Vendors: (1-3 days)	Consult only – 25.00 Consult and inspection – 50.00
Temporary Vendors: Each additional consecutive day Beyond the three days for the same event	50.00
Non-Profit Temporary Vendors: Each additional consecutive Day beyond the three days for the same event	25.00
Non-Profit Base of Operations Inspection (if needed)	25.00
Temporary Vendors: Failure to submit application and pay Appropriate fee at least two weeks prior to event	50.00

8.1.1.a PENALTIES – TEMPORARY VENDORS

Effective November 1, 1999, any temporary food event vendor who does not submit an application and pay the appropriate fee to the North Central District Health Department at least two weeks prior to the date of the event, may be fined \$50.00 or may be denied a food service permit.

MULTIPLE EVENT VENDORS (List additional dates) _____

3. Describe the type of equipment (**not ice**) the food items will be stored in; cold (at 41°F or below) or frozen (at 10°F or below) at the booth and all back-up storage facilities for the event.

4. a. List all food items to be cooked at the event with equipment to be used:

b. List all food items to be cooked at licensed base of operation:

5. How will the hot food items be kept at 135°F or above and list equipment to be used?

6. List/provide description of all storage equipment (foods, beverages, paper products, etc.)

7. How will food be protected at the booth; i.e., insulated pizza bags, soup crock with cover, food grade plastic containers, sneeze guards, etc.?

8. Indicate the potable water source to be utilized for cooking, cleaning and hand washing. How will it be heated?

9. a. How and where will the service utensils, food contact surfaces, etc. be cleaned and sanitized:

b. Describe how in-use utensils will be stored at the booth.

10. Describe how cooked and/or cold **TCS foods (PHZ)** will be transported to the event – in what types of containers and how temperature control will be monitored (**41°F or below for cold and 135°F or above for hot foods**).
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11. Where will toxic and cleaning items be stored at the booth?
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12. Where will condiments and single service items be stored and how will they be dispensed at the booth? (Examples: pump dispensers, individual packets, squeeze bottles, wrapped straws, pre-wrapped eating utensils, etc.)
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13. Provide method/location of storage for waste grease; waste water; food/garbage; cardboard debris; etc.
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14. Provide/locate all utilities/extra equipment to be brought to the event such as propane tanks, generators, fans, additional equipment, and the like.
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15. Provide/describe food security measures to be used at close of multi day events.
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16. List all types of NSF thermometers to be provided at event (for equipment and to measure food temperatures):
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17. Provide a sketch on a separate page, **DRAWN TO SCALE**, with all equipment, utilities, storage units, aisles, ventilations, entries, exists and similar items needed in your booth. **Also, if available, please provide photographs of your set-up with this application.**



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DECLARATION OF BASE OF OPERATION

This form must be submitted to the Health Department with your application for permit.

PLEASE PRINT CLEARLY

Date: _____

Business Name: _____

Owner/Operator Name: _____

Business Name of Base of Operation: _____

Address of Base of Operation: _____

Owner of Business Used as Base: _____

Owner's E-mail Address: _____

Telephone Number of Base of Operation: _____

THE FOLLOWING PORTION TO BE FILLED OUT BY THE OWNER OF THE FOOD ESTABLISHMENT USED AS THE BASE OF OPERATION.

I, _____, attest that my licensed food establishment
Owner of food establishment used as base

known as _____ is available as the base of operations for
Name of food establishment

_____ owned by _____
Name of Business Owner of Business

Signature of Owner of Food Establishment

*****REMEMBER TO INCLUDE A COPY OF THE BASE OF OPERATION'S VALID FOOD PERMIT
ISSUED BY THE LOCAL HEALTH DEPARTMENT*****

Rev 11/23/22