

CT River Area Health District
455 Boston Post Road, Suite 7
Old Saybrook, CT 06475
P 860-661-3300 F 860-661-3333

APPLICATION FOR TEMPORARY FOOD SERVICE EVENT LICENSE

Application must be received at least 7 days prior to the start of the proposed event

Event Name:

Vendor/Booth Name:

Date and Time of Event:

Setup Dates and Time:

Location of Event:

Person Responsible/
Licensee

Address: _____ Phone: _____

Please provide the following:

1. List all foods and beverages that will be served, including condiments.

2. Where will the food be prepared and stored before the event? Please provide the name and address of the Commercial Food Service Establishment providing potentially hazardous food.

3. How will potentially hazardous foods be transported, including how it will be kept hot and/or cold?

4. Describe hand-washing equipment or facility:

5. Location of employee restroom facility:

6. How will food service equipment (utensils, cutting boards, etc) and surfaces be sanitized?

7. What is the water source for this event?

AGREEMENT

This license is issued under authority of Section 4 of the CRAHD Food Service Ordinance and is based on compliance with the Connecticut Public Health Code section 19-13-B42. A site inspection may be conducted by District Sanitarians to determine compliance. The licensee agrees to make any corrections deemed necessary by the sanitarians for compliance with the above-referenced code.

The undersigned also agrees to maintain safe food temperatures, appropriate worker hygiene, and safe food handling practices throughout the operation to minimize the risk of food-borne illness.

I HAVE REVIEWED THE ATTACHED MATERIAL AND UNDERSTAND THAT I AM RESPONSIBLE FOR THE SAFETY OF THE FOOD SERVED AT THIS EVENT.

Signed _____ Date _____

Print _____

Draw and provide a sketch showing the layout of food preparation, cooking and serving areas and hand-washing station.

Office use only.....

Comments: _____

Fee paid: Amt: _____

Cash _____

Check _____