



Central Office: 505 Silas Deane Highway, Wethersfield, CT 06109 Phone (860) 721-2822 Fax (860) 721-2823  
 Berlin: 240 Kensington Road, Berlin, CT 06037 Phone (860) 828-7017 Fax (860) 828-9248  
 Newington: 131 Cedar Street, Newington, CT 06111 Phone (860) 665-8586 Fax (860) 665-8533  
 Rocky Hill: 761 Old Main Street, Rocky Hill, CT 06067 Phone (860) 258-2770 Fax (860) 258-2767  
 \_\_\_\_\_ www.ccthd.org \_\_\_\_\_

Date \_\_\_\_\_

**APPLICATION FOR MOBILE VENDOR LICENSE**

Expires annually on June 30

Town(s) of Operation:  Berlin  Newington  Rocky Hill  Wethersfield

Business Name \_\_\_\_\_ DMV Plate # \_\_\_\_\_  
 (Business name must be on vehicle)

Business Address \_\_\_\_\_  
Street City State Zip

Business Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Business Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address of Owner \_\_\_\_\_  
Street City State Zip

Signature of Owner *X* \_\_\_\_\_

Name of Vehicle Operator \_\_\_\_\_ Business Hours Phone \_\_\_\_\_

Vending Hours (Day/Time) \_\_\_\_\_

Vending Locations/Stops \_\_\_\_\_

Location of Base of Operations \_\_\_\_\_  
Address City State Zip

Phone at Base of Operations \_\_\_\_\_

Type of Water Supply at Base of Operations:  Public  Private Well Water (recent water test results required)

Type of Sewage Disposal System:  Public Sewer  On-Site Subsurface System

**ANNUAL FEE** (Check one) Class category is confirmed by Health District—Descriptions on page 1a

Class I \$95.00  Class II \$150.00  Class III \$180.00  Class IV \$255.00

Please mail payment to: "Central Connecticut Health District", 505 Silas Deane Highway, Wethersfield, CT 06109

**OFFICE USE ONLY**

Received \_\_\_\_\_ Check # \_\_\_\_\_ Entered \_\_\_\_\_

Vehicle Inspected/Pre-APPROVED \_\_\_\_\_ Date \_\_\_\_\_  
 Director of Health or authorized representative

FINAL APPROVAL \_\_\_\_\_ Date \_\_\_\_\_ Entered \_\_\_\_\_  
 Director of Health or authorized representative

Central CT Health District Mobile Vendor Application Approval Page

Approval from the appropriate Town(s) must be obtained before a license will be issued.

BERLIN			
Zoning/Planning Dept Approval	Signature	Zoning/Planning Dept	Printed Name
Police Department Approval	Signature	Police Department	Printed Name

NEWINGTON			
Zoning/Planning Dept Approval	Signature	Zoning/Planning Dept	Printed Name
Police Department Approval	Signature	Police Department	Printed Name

ROCKY HILL			
Zoning/Planning Dept Approval	Signature	Zoning/Planning Dept	Printed Name
Police Department Approval	Signature	Police Department	Printed Name

WETHERSFIELD			
Zoning/Planning Dept Approval	Signature	Zoning/Planning Dept	Printed Name
Police Department Approval	Signature	Police Department	Printed Name

**Classification of Food Establishments per the State of CT Public Health Code**

**Class I**--A food service establishment with commercially prepackaged foods and/or hot or cold beverages only. No preparation, cooking or hot holding of potentially hazardous food is included except that commercially packaged precooked foods may be heated and served in the original package within four (4) hours.

**Class II**--A food service establishment using cold or ready-to-eat commercially processed food requiring no further heat treatment and/or hot or cold beverages. No cooking, heating or hot holding of potentially hazardous food is included, except that commercially packaged precooked foods may be heated and served in the original package within four (4) hours, and commercially precooked hotdogs, kielbasa and soup may be heated if transferred directly out of the original package and served within four (4) hours.

**Class III**--A food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and consumed by the public within four (4) hours of preparation.

**Class IV**--A food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and held (hot or cold) for more than four (4) hours prior to consumption by the public.

## Mobile Vendor Food Service Application

1. What foods will be prepared on and served out of the unit? (provide a menu)
2. What is the source of the food to be dispensed? Provide the Name and address of the food distribution facility used.
3. How will foods be kept hot or cold on the unit? (NOTE: The only accurate way to assure food temperatures are maintained safely at 140°F or above for hot foods or 45°F or below for cold foods is to use a metal stemmed probe thermometer.)
4. How and where will utensils, pans, etc., be cleaned at the end of the day? Be specific.
5. Describe the method of hand washing used at the unit.
6. Describe screening used for food protection: (NOTE: In larger units where food is prepared inside, screening is required to prevent the entrance of insects.)
7. Where and how are water tanks filled?
8. Where is waste water disposed of?
9. Where will excess food and paper products be stored?
10. How will garbage from the vehicle and Base of Operations be disposed of?