



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

BASE OF OPERATION DECLARATION FORM (3/21/2017 rev)

Please use this form to provide the health district with required information on your base of operation.

Temporary Event and Farmers' Market Vendors – use this form only if food is prepared off site

Most itinerant food vending operations and some temporary food operations require a separate base of operation to prepare and store food items, wash and store equipment and to provide an approved location for discharging wastewater, discarding trash or supplying an approved source of water in advance of or following the food service activity or event. A home kitchen cannot serve as a base of operation for a licensed food establishment, so a separate commercial grade kitchen is needed that can be operated in compliance with the requirements of the food service establishment regulations in Connecticut Public Health Code Section 19-13-B42. This can be accomplished by using an existing commercial kitchen that can accommodate your additional business needs, or by creating a new licensed commercial kitchen to support your food service operation.

Applicant Name: _____ Phone # _____

Mailing Address: _____

Name of your Business: _____ Email _____

Operating as a (check one):

- ITINERANT FOOD VENDING OPERATION (annual license)
- SEASONAL FOOD VENDOR (180 day license)
- TEMPORARY FOOD EVENT (1-14 day event)
- FARMERS' MARKET FOOD VENDOR

Uses the kitchen located at: (Business Name): _____

(Street Address): _____

(Town): _____ (phone #): _____

Name of Owner/manager: _____

as a base of operation to support my temporary, farmers' market, seasonal or itinerant food service operation.

The facility will be used for the following activities (check all that apply):

- | | |
|-----------------------------|---------------------------------|
| Cold Food Preparation _____ | Dry Food/Supply Storage _____ |
| Cooking or Reheating _____ | Ware Washing _____ |
| Cold Food Storage _____ | Waste/wastewater disposal _____ |
| Water Supply** _____ | Other: _____ |

(** The water supply must be from an approved public water supply or other approved source. Recent water test report required if using a private well water supply).

PLEASE NOTE:

- The Base of Operation facility must be licensed or inspected by the local health department/district or the Connecticut Department of Consumer Protection in order to support your food service operation.
- If this facility is licensed/inspected as a food service establishment by the local health department/district, please attach a copy of their current license and most recent inspection report.
- If this facility is licensed/inspected as a food establishment or processing facility by the Connecticut Department of Consumer Protection, please attach a copy of their current license or most recent inspection report.
- If your base of operation changes, you must update this information with the Central Connecticut Health District immediately.

Signature of Applicant

Date