



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

SEASONAL FARMERS MARKET FOOD SERVICE ESTABLISHMENT LICENSE

(APPLICATION AND PAYMENT MUST BE SUBMITTED AT LEAST 2 WEEKS PRIOR TO ATTENDANCE AT MARKET)

Date: _____ Farmers Market: Berlin Newington
 Rocky Hill Wethersfield
 (Please complete a separate application for each market)

Business Name: _____ Phone _____

Business Address: _____
Address City State Zip

Market Master: _____ Phone: _____

Business Start Date at Market: _____ End Date: _____

Food to be served (attach menu if possible) _____

Please PRINT contact information of primary contact person from this business:

Name	Phone
Address	City
	State
	Zip

Email address: _____

x _____
 Signature of Primary Contact Date

Choose the applicable FEE:

- Farmer's market vendor—non-farmer--NO food prep, indiv. portions, or samples ** \$ 60.00
- Farmer's market vendor—non-farmer—WITH food prep, indiv portions, or samples ** \$100.00
- Farmer's market vendor—farmer selling farm products (DOA documentation required *) \$ 0.00

*, ** see page 2

Please mail payment (check only) to: "Central CT Health District",
 505 Silas Deane Highway, Wethersfield, CT 06109

OFFICE USE ONLY

Received _____ Check # _____ Entered _____

APPROVED _____ Date _____ Entered _____

Director of Health or authorized representative

*** Food vendors selling pre-made, processed or packaged products—Department of Consumer Protection documentation or copy of Health Department Food License.*

1. List all items on the proposed menu plus condiments (attach menu if extensive).
2. Where will the food to be served be purchased/prepared?
3. Where will the food be stored and/or prepared prior to the event?
4. How will the food items be kept cold? (Below 45°F)
5. How will the food items be cooked?
6. How will the hot food items be kept hot? (Above 140° F)
7. How will the food be protected?
8. Describe the type of hand washing facility that will be used.
9. Indicate the water source that will be used for cooking, cleaning and hand washing.
Is it: Public Water Private Well Water (*provide a copy of recent water test results*)
10. How will utensils, cutting boards, etc.be sanitized?
11. How will excess food and single service items be stored?
12. How will condiments and single service items be dispensed?
13. Location of employee/volunteer toilet facility.
14. Please include a drawn layout of the proposed operation with your application.

Comments: