



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  _____

Name of Vehicle Operator _____ Business Hours Phone _____

Vending Hours (Day/Time) _____

Vending Locations/Stops _____

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 \$200.00 Class IV \$255.00

***Late Fees:**

Renewal received within 30 days of license expiration- \$50 late fee

Renewal received within 31 to 60 days of license expiration- \$100 late fee

After 60 days non-renewal, revoke licensure- Reinstatement Fee double license fee

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?



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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

Cooking or Reheating

Cold Food Storage

Water Supply**

Dry Food/Supply Storage

Ware Washing

Waste/wastewater disposal

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