



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

NOT-FOR-PROFIT STATUS REQUESTED-(50% of fee listed above applies). The above organization is operated by a non-profit organization exempt from federal taxes AND exempt from local real estate and personal property tax. IRS and/or State of CT Department of Revenue Services determination letter(s) MUST be submitted with this application.

*, ** 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 _____ Licensed: Yes _____ NO _____
 APPROVED _____ Date _____ Entered _____
 Director of Health or authorized representative

The following questions must be completed before an approval may be granted.

Documentation Required:

*** 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? (If prepared off site, complete pg. 3)
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:



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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: _____
Address City State Zip

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