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 Rocky Hill: 761 Old Main Street, Rocky Hill, CT 06067 Phone (860) 258-2770 Fax (860) 258-2767
 www.ccthd.org

TEMPORARY FOOD SERVICE ESTABLISHMENT LICENSE APPLICATION

(Please complete one application per booth)

APPLICATION AND PAYMENT MUST BE SUBMITTED AT LEAST 2 WEEKS PRIOR TO THE EVENT TO AVOID ***LATE FEES*** *

Event: _____ Event Coordinator: _____ Phone: _____

Event Location: _____ Town: _____

Date(s) of Event: _____ Time(s) of Event: _____

Name of Organization: _____ Phone: _____

Address of Organization: _____
Address City State Zip Code

Please PRINT name, address and phone number of primary contact person for food at event:

Name: _____ Phone: _____

Address City State Zip Code

E-Mail: _____ Food to be served: _____

X _____
Signature of Primary Contact Date

Temporary Food Service FEES:

- | | | |
|---|----------|--|
| <input type="checkbox"/> Class I (1 day) | \$40.00 | <u>Class I:</u> Non-potentially hazardous foods
(i.e. pre-packaged items, cookies, ice cream, popcorn) |
| <input type="checkbox"/> Class I (2 – 14 days) | \$70.00 | |
| <input type="checkbox"/> Class II & III (1 day) | \$60.00 | <u>Class II or III:</u> Potentially hazardous foods
(i.e. hotdogs, hamburgers, soup, chili, etc.) |
| <input type="checkbox"/> Class II & III (2-14 days) | \$120.00 | |
| <input type="checkbox"/> Non- profit status requested: 50% of license fee above | | |

* ***Late Fees*** for Temporary Food License:

Payment received 4-14 days before event = 50% of license fee * Late Fee Due (if applicable) \$ _____
 1-3 days before event = 100% of license Fee

Please send payment (checks only) to: "Central Connecticut Health District", 505 Silas Deane Highway, Wethersfield, CT 06109

OFFICE USE ONLY Total Amt. Received _____ Date _____ Check # _____ Entered _____

APPROVED _____ Date _____ Entered _____
Director of Health or authorized representative

The following questions must be completed before an approval may be granted. See the attached instructions for guidance on answering the questions. Answers will be reviewed by a Sanitarian and you may be contacted for further information, if necessary. NOTE: If potentially hazardous foods are to be prepared or served there must be a properly trained manager onsite to supervise operations.

1. List all items on the proposed menu plus condiments.

2. Where will the food to be served be purchased?

3. Where will the food be stored and/or prepared prior to the event?

4. How will the food items be kept cold? (Below 41°F)

5. How will the food items be cooked?

6. How will the hot food items be kept hot? (Above 135° F)

7. How will the food be protected?

8. Describe the type of hand washing facility that will be used inside the booth.

9. Indicate the water source that will be used for cooking, cleaning and hand washing.

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: _____

Reviewed and APPROVED _____ DATE _____
Director of Health or Registered Sanitarian