

Instructions for Completion of Form

Please follow these instructions carefully:

- 1. Complete the application for a Food Service License.
 - All information requested must be completed and all questions answered. If not applicable, write N/A.
 - An event menu must be submitted, a product list should be included using the attached menu form.
 - A food event sketch must be submitted, you may use the form provided or your own.
- 2. Class 2 through Class 4 Food Service Operations must attach a copy of the Certified Food Protection Manager Certificate.
- 3. A temporary food service fee must be submitted with the completed application. All payments must be made by check or money order payable to the Housatonic Valley Health District. **Must provide proof of non-profit status.**
- 4. A separate application is required for each food truck, cart or both operated at the event.
- 5. Return completed application and documents to the Housatonic Valley Health District no later than two weeks **BEFORE** the event. Applications **WILL NOT** be accepted if submitted later than two weeks before the event.



Please check type of Lic	ense:			
□ Temporary Event (1-2 da	ay) 🛘 Farmers Ma	rket □ Non-l	Profit (Proof of Non-profit	Status)
□Itinerant Vendor for Seas	on (6 months) 🗆 S	tationary Cla	ss 1 or 2 🛭 Stationary Cl	ass 3 or 4
Check here for Elephant T	runk 🗆			
Applicant Name:				
Vendor Name:				
Mailing Address:				
City:	State:	Zip:	Phone:	
Email:				
Name of Event:				
Location of Event:				
Date(s) of Event:				
Hours of Food Service Ope	eration:			
Event Organizer:				
Email:				
Phone Number:				
Please check Type of Wa	ter Supply:			
□ Self-Contained/Home	□ At Event Site	□ Othe	(please describe)	
□ Public Water	□ Public Water			
□ Private Well*	□ Private Well*			

 $^{^{\}star}$ Water analysis results performed within 3 months of the date of the event must be submitted with application.

Please answer the following questions:

Note: All questions must be answered. Food Service License will not be issued for incomplete applications.

- 1. Using **Menu Sheets** list all foods and beverages that will be served. Indicate where food will be made or purchased. (Note: Ice is considered food) *Form attached.*
- 2. Submit a sketch showing the layout of the food event. Show work tables/counters; cooking and hot holding equipment; coolers/refrigeration; hand washing stations; 3 bays sinks; customer service table/counter, beverage station, dessert station, etc. Form attached. 3. Will all food be prepared at this food service event site? □Yes □No If answered "No", the facility used must be a licensed commercially inspected kitchen and the appropriate Health Department License must be attached. Also, describe how food will be protected during transportation and how product temperatures will be maintained (exempt status for CT Farmers). 4. Will any foods be prepared ahead of time? List food item(s) and details of preparation - when; where; how cooled; how reheated, etc. Please note that preparing food ahead of time may not be allowed. Please note if N/A. 5. Describe how temperatures of cold foods will be maintained while transporting to the event, and throughout the event (include equipment, etc). 6. Describe how temperatures of cold foods will be maintained while transporting to the event, and throughout the event (include equipment, etc). 7. Describe where and how cleaning and sanitizing of utensils, cutting boards, and other food contact surfaces will take place. Also, describe provisions for backup utensils (sanitized test strips must be available/used based on type of sanitizer used).

touching, etc.) and outdoor ele	ements (flies, dust, etc)	blic exposure (sneezing, cough Describe how food will be stor	ed at the
when serving food and/or drin general statutes, regulations is	k to the public. Failure ncluding CT Public Hea may apply, and Town	indard food safety practices and to comply with the CT food/drin alth Code Sections 19-13B40, 1 Ordinances, may result in revoces.	k protection 9-13-B42,
Signature of Applicant		Date	
Print Name ALL API	PLICATION FEES ARE		
Fee Paid: Amount:	Check#	Date:	
Application reviewed by:		Approved: □Yes □No	
Comments:			

Revised: 4/28/2022

BASE OF OPERATION DECLARATION FORM

— Use this form only if food is prepared off site. —

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

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 Business:	_Email:	
Operating as a (check one):		
<pre>Temporary Food Event (1-2 day event)</pre>		
Seasonal Food Vendor		
Farmers Market Vendor		
Elephant's Trunk Vendor		
Uses the kitchen as a base of operation located at:		
Business Name:		
Street Address:		
Town:Phone:		-
Name of Owner/Manager:		_
The facility will be used for the following activities (c	heck all that apply):	
Cold Food Preparation	oly Storage 🔲 Cooking or	Reheating
Ware Washing Cold Food Storage	Waste/wastewater Disposal	
<pre>Water Supply***</pre>		
/***The water supply must be from an approved public w	ater supply or other approved soul	rce Recent

(***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:

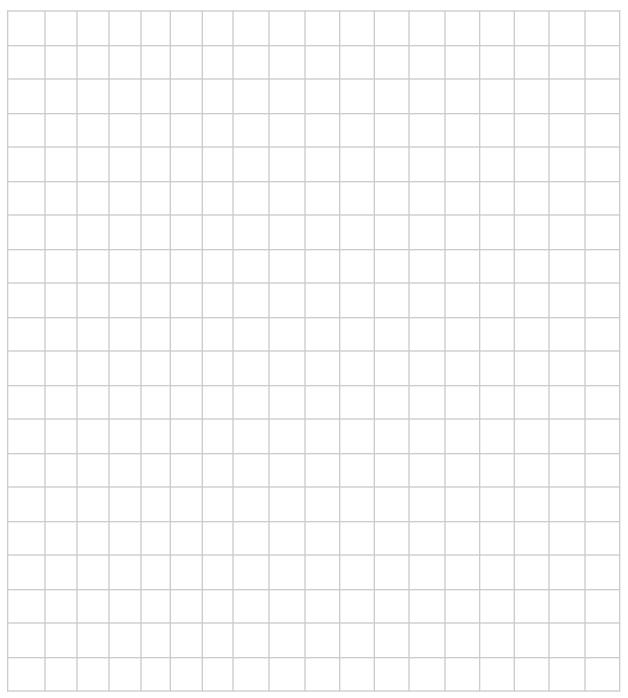
- The Base of Operation facility must be licensed or inspected by a local health department/district or the Connecticut Department of Consumer Protection in order to support your food service operation.
- If this facility is licensed/inspected as a food service establishment by the local health department/district,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

Signature of Applicant	Date

Menu Item Include beverages, desserts, snacks items, etc.	Source (Check Appropriate Box)	Where Made? Where Purchased
Example: Tossed Salad	✓Made by organization □Commercially made	Pre-cut lettuce from Big Y Salad made at event
Example: Meatballs & Sauce	☑Made by organization □Commercially made	Sauce made at event Meatballs from Costco
Example: Baked Ziti	☐ Made by organization ☑ Commercially made	Oliver's Market, Danbury
	☐ Made by organization ☐ Commercially made	
	☐Made by organization ☐Commercially made	
	☐ Made by organization ☐ Commercially made	
	☐Made by organization ☐Commercially made	
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	☐Made by organization ☐Commercially made	
	☐Made by organization ☐Commercially made	

FOOD EVENT SKETCH

Draw the location and identify all equipment including hand washing facilities, dishwashing or utensil washing facilities, ranges, refrigerator, hot and cold holding equipment worktables, food/single service storage, grills, etc.



Describe the food booth, including walls, flooring, screening, counter materials, and lighting.