



Housatonic Valley Health District Temporary Food Service License Application

Completed application, documents, and payment in full must be submitted no later than (10) business days **BEFORE** the event. **Applications received less than (5) business days prior to the event will be rejected. Incomplete applications or applications without payment will not be reviewed.**

Please use the checklist below to ensure that your application is complete.

1 Day Event:	\$75.00
2-14 Consecutive Day Event:	\$150.00
<i>Late fee (less than 2 weeks before event):</i>	<i>\$100.00</i>
Itinerant Vendor/Seasonal (15-180 Consecutive Days):	\$225.00
Itinerant Vendor Annual:	\$400.00
Farmers Market:	\$100.00
<i>Farmers Market Late Fee:</i>	<i>\$25.00</i>
Limited Temporary Food License (Prepackaged Food):	\$15.00
Non-Profits, Religious Organizations, Civic Organizations:	No Charge

ITEMS TO BE SUBMITTED

- Completed Application
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.
- A temporary food service license 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.
If non-profit, you must provide proof of non-profit status.
- Certified Food Protection Manager Certificate(s) - for Class 2, 3, 4 vendors
- A separate application is required for each food truck, cart, or booth operated at the event.
- It is the responsibility of the applicant to notify HVHD of any changes to the operation (menu, floor plan, etc.) (5) business days prior to the event.**

Questions may be directed to eht@hvhdct.gov

Please mail completed application with the appropriate fee and all necessary documentation to:

*Housatonic Valley Health District
77 Main Street N. Suite# 205
Southbury, CT 06488*



**Housatonic Valley Health District
Application for Temporary Food License**

Please check type of License:

- (1) Day Event
- (2-14) Consecutive Day Event
- Itinerant Vendor for Season (6 months)
- Itinerant Vendor for Season (1 year)
- Farmers Market
- Limited Temporary Food License (Prepackaged Food)

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 Operation: _____

Event Organizer: _____

Email: _____

Phone Number: _____

Please check Type of Water Supply:

- Self-Contained/Home
- At Event Site
- Other (please describe)
- Public Water
- Private Water _____

****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 **Food Event 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 hot 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).

8. Describe how food items will be protected from public exposure (sneezing, coughing, touching, etc.) and outdoor elements (flies, dust, etc). Describe how food will be stored at the event (minimum of 12 inches off the ground). _____

By my signature below, I hereby agree to use the standard food safety practices and guidelines when serving food and/or drink to the public. Failure to comply with the CT food/drink protection general statutes, regulations including CT Public Health Code Sections 19-13B40, 19-13-B42, and any other regulations that may apply, and Town Ordinances, may result in revocation of the Housatonic Valley Health District food service license.

Signature of Applicant

Date

Print Name

ALL APPLICATION FEES ARE NON-REFUNDABLE

OFFICIAL USE ONLY

Application reviewed by: _____ Date: _____

Approved: Yes / No Sanitarian Approval: _____

FOR DISTRICT USE ONLY:

<input type="checkbox"/> Credit Card	Date Paid _____	\$ Amount _____	Rec'd by _____
<input type="checkbox"/> Check# _____			

Comments: _____

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):

- Temporary Food Event (1-2 day event) 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 (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:

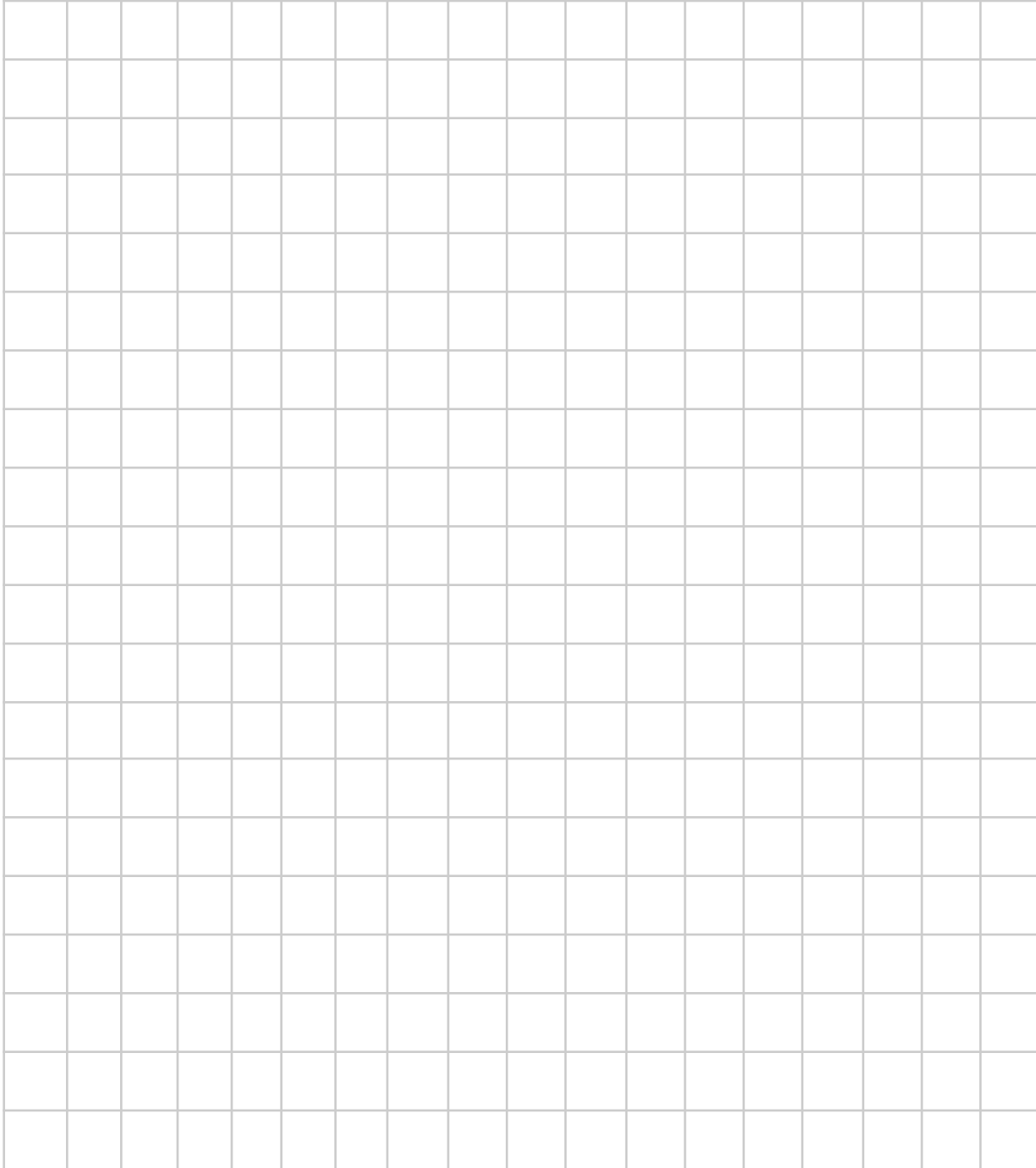
- The Base of Operation facility must be licensed or inspected by a local health department/district or the Connecticut Department of Consumer Protection in order to support your food service operation.
- If this facility is licensed/inspected as a food service establishment by the local health department/district, 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

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.