CHESPROCOTT HEALTH DISTRICT
1220 WATERBURY ROAD • CHESHIRE, CONNECTICUT 06410
PHONE (203) 272-2761 • FAX (203) 250-9412 • www.chesprocott.org

Kathryn Glendon, MPH, CHES, CPS, Director of Health

APPLICATION FOR TEMPORARY EVENT FOOD BOOTH

All vendors serving food and beverages to the public on a temporary basis are required to have a food service permit. Temporary permits are valid for a maximum of 14 days. Please submitted application and payment ***2 weeks prior*** *to the event. There will be no refunds or credits issued.*

Applications received within 2 weeks of the event will be assessed a ***$50 late fee.***

Applications will not be reviewed without payment.

☐ *1-3 days - $85* ☐ *1-3 days - $65 (Existing CHD license)* ☐ *4-14 days - $225* ☐ *Non-Profit - $25 Tax ID # _____*

Event: _____

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

Location of Event: _____

Name of Food Booth: _____

Contact Person: _____ **Cell Phone:** _____

Email: _____

Event Organizer: _____ **Cell Phone:** _____

**** If licensed by another city/town, please attach copy of *last food inspection report and current license.***

Please answer completely. A detailed application assists CHD with the review process.

1. **List all foods and beverages that will be served at the event. (Include condiments):**

_____

_____

_____

2. **When and where will foods be purchased?** _____

_____

_____

3. **What time will the foods be delivered and how will they be transported?** _____

_____

4. **Indicate how foods will be prepared: (Check all that apply.)**
   - **Prepared at licensed facility (List facility):** _____
   - **Prepared at the event:** _____

5. **List where foods will be stores prior to the event:** _____
6. **How will foods be kept cold? (below 41F.)** _____
   During Transportation: _____
   At event site: _____
7. **How will foods be kept hot? (above 135F.)** _____
   During Transportation: _____
   At event site: _____
8. **How will handwashing stations be provided?** _____
   _____
9. **Location of food service worker toilet facility:** _____
10. **Describe how utensils, cutting boards, etc. will be sanitized?** _____

_____

11. **Type of sanitizer:** _____ **Test Strips:** ☐ **YES** ☐ **NO**
12. **What will be done with the leftovers?** _____
13. **Will there be probe thermometers to take internal temperatures of food products?** ☐ **YES** ☐ **NO**
14. **Water supply (used for cooking and hand washing):** ☐ **Public Water** ☐ **Private Well**
15. **How will food items be protected from public exposure (sneezing, coughing, touching, etc.) and outdoor elements (flies and dust.)** _____

HEALTHY FOOD INITIATIVE

Let us know if you will be offering healthier food options!

Check each option you will be offering:

__ Water
__ Non-Fried Foods (Baked)
__ Fresh Fruits
__ Fresh Vegetables
__ Low-fat & low-sugar dessert alternatives
__ Fresh preservative free ingredients
__ Using healthy oils (Canola, Olive, or Vegetable Oil)
__ Labeling Allergens
__ Other _____

DRAW A LAYOUT OF YOUR FOOD BOOTH

(Label all grills, stoves, refrigerators, coolers, steam tables, tables, hand wash stations, garbage cans, food storage area, cleaning product storage, toilets etc.)

CHD ONLY:

Reviewed by:_____ Date:_____

___ Approved ___ Not Approved

Comments:_____
_____

Received: Fee:

Revised April 2019