NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

ENFIELD – 31 North Main Street – P.O. Box 1222 – Enfield, CT 06083 – (860) 745-0383 – Fax 745-3188
VERNON - 375 Hartford Turnpike, Suite 120 - Vernon, CT 06066 – (860) 872-1501 - Fax 872-1531
WINDHAM - Town Hall, 979 Main Street - Willimantic, CT 06226 – (860) 465-3033 - Fax 465-3032
STAFFORD - Town Hall, 1 Main Street - Stafford Springs, CT 06076 - (860) 684-5609 - Fax 684-1768

WILLIAM H. BLITZ, M.P.H., M.U.P., R.S.
DIRECTOR OF HEALTH

DECLARATION OF BASE OF OPERATION

This form must be submitted to the Health Department with your application for permit.

PLEASE PRINT CLEARLY Date: _____

Mobile Vendor Business Name: _____

Mobile Vendor Owner/Operator Name: _____

Business Name of Base of Operation: _____

Address of Base of Operation: _____

Owner of Business Used as Base:_____

Telephone Number of Base of Operation: _____

Zoning Approval: _____

Police Department Approval: _____

THE FOLLOWING PORTION TO BE FILLED OUT BY THE OWNER OF THE FOOD ESTABLISHMENT USED AS THE BASE OF OPERATION.

I, _____ attest that my licensed food establishment
Owner of food establishment used as base

known as _____ is available as the base of operations for
Name of food establishment

_____ owned by _____.
Name of Mobile Vendor Business Owner of Mobile Vendor Business

_____
Signature of Owner of Food Establishment

*****REMEMBER TO INCLUDE A COPY OF THE BASE OF OPERATION VALID FOOD PERMIT ISSUED BY THE LOCAL HEALTH DEPARTMENT*****

7/1/02