



# North Central District Health Department

- ☐ Enfield—31 North Main Street, Enfield, CT 06082 \* (860) 745-0383 Fax (860) 745-3188
- ☐ Vernon—375 Hartford Turnpike, Room 120, Vernon, CT 06066 \* (860) 872-1501 Fax (860) 872-1531
- ☐ Windham—Town Hall, 979 Main Street, Willimantic, CT 06226 \* (860) 465-3033 Fax (860) 465-3032
- ☐ Stafford—Town Hall, 1 Main Street, Stafford Springs, CT 06076 \* (860) 684-5609 Fax (860) 684-1768

Patrice A. Sulik, MPH, R.S.  
Director of Health

## TEMPORARY FOOD SERVICE APPLICATION

- ☐ **1-3 Day Event - \$100.00; Each additional day beyond 3 days for same event - \$50.00/day**  
**Failure to submit application and/or pay appropriate fee at least 2 weeks in advance - \$50.00**

**\*\*\*Permit Fee for Non-Profit Organizations is as follows:\*\*\***

Non-Profit with **Consult Only** - \$25.00; or Non-Profit with **Inspection** - \$50.00

Temporary Vendor- \*Multiple Temporary Events- \$300.00 \*must have a base of operation

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Event: \_\_\_\_\_

Address of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Rain Date ? \_\_\_\_\_

Time(s) of Event: \_\_\_\_\_

Number of Food/Beverage Concession Booths: \_\_\_\_\_

- ☐ **Multiple Event Vendor – List Events in order of date: (List additional dates on reverse of this page)** \_\_\_\_\_

Please **print** name and phone number of primary contact person for food: \_\_\_\_\_

Day Time Telephone No. (8:30-9:30 a.m. or 3:30 - 4:30 p.m.) \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

The following information must be completed in its entirety before an approval may be granted.

Permit Number: _____	Approved: _____
QFO: _____	Certificate:    Y    N    Copy Rec'd _____

1. List food/beverages/ice suppliers (US Foods, PFG, etc.) or stores (Costco, Big Y, ShopRite, etc.) where these items will be purchased/obtained.  
\_\_\_\_\_  
\_\_\_\_\_

2. List **all menu items** to be served at the function (including commercially prepared items, beverages, condiments):  
\_\_\_\_\_  
\_\_\_\_\_

**Temporary Food Event Fees**

Temporary Vendors: (1-3 days)	100.00
Temporary Vendors with a Licensed Base of Operation who will participate in multiple temporary events, <b>using the same menu</b> , in our communities	300.00
50% of the established fees for each vendor for a first-time event (NCDHD will determine if the event is a new event.)	
Non-Profit Temporary Vendors: (1-3 days)	Consult only – 25.00 Consult and inspection – 50.00
Temporary Vendors: Each additional consecutive day Beyond the three days for the same event	50.00
Non-Profit Temporary Vendors: Each additional consecutive Day beyond the three days for the same event	25.00
Non-Profit Base of Operations Inspection (if needed)	25.00
Temporary Vendors: Failure to submit application and pay Appropriate fee at least two weeks prior to event	50.00

8.1.1.a PENALTIES – TEMPORARY VENDORS

Effective November 1, 1999, any temporary food event vendor who does not submit an application and pay the appropriate fee to the North Central District Health Department at least two weeks prior to the date of the event, may be fined \$50.00 or may be denied a food service permit.

\*\*\*\*\*  
**MULTIPLE EVENT VENDORS (List additional dates)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe the type of equipment (**not ice**) the food items will be stored in; cold (at 41°F or below) or frozen (at 10°F or below) at the booth and all back-up storage facilities for the event.

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4. a. List all food items to be cooked at the event with equipment to be used:

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b. List all food items to be cooked at licensed base of operation:

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5. How will the hot food items be kept at 135°F or above and list equipment to be used?

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6. List/provide description of all storage equipment (foods, beverages, paper products, etc.)

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7. How will food be protected at the booth; i.e., insulated pizza bags, soup crock with cover, food grade plastic containers, sneeze guards, etc.?

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8. Indicate the potable water source to be utilized for cooking, cleaning and hand washing. How will it be heated?

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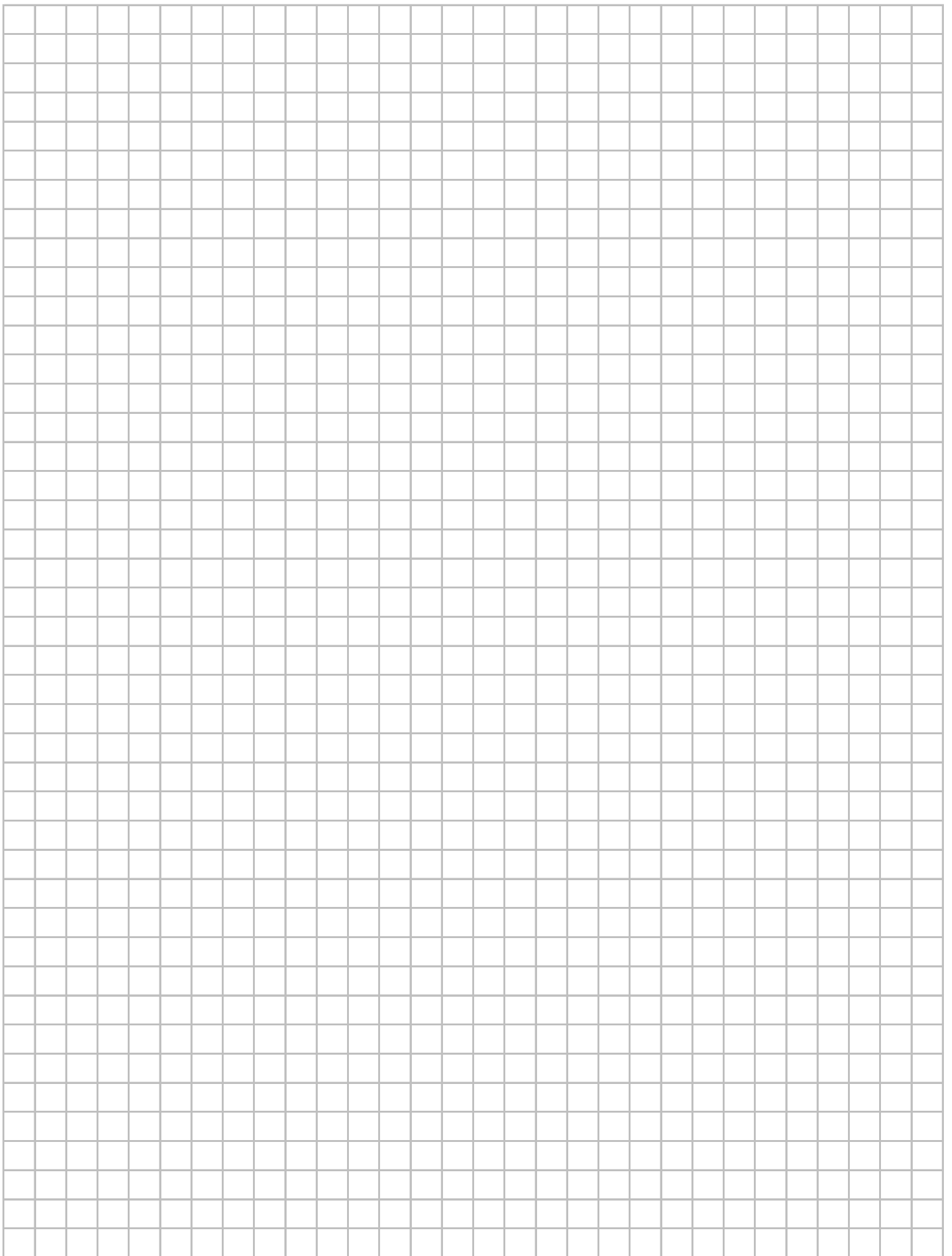
9. a. How and where will the service utensils, food contact surfaces, etc. be cleaned and sanitized:

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b. Describe how in-use utensils will be stored at the booth.

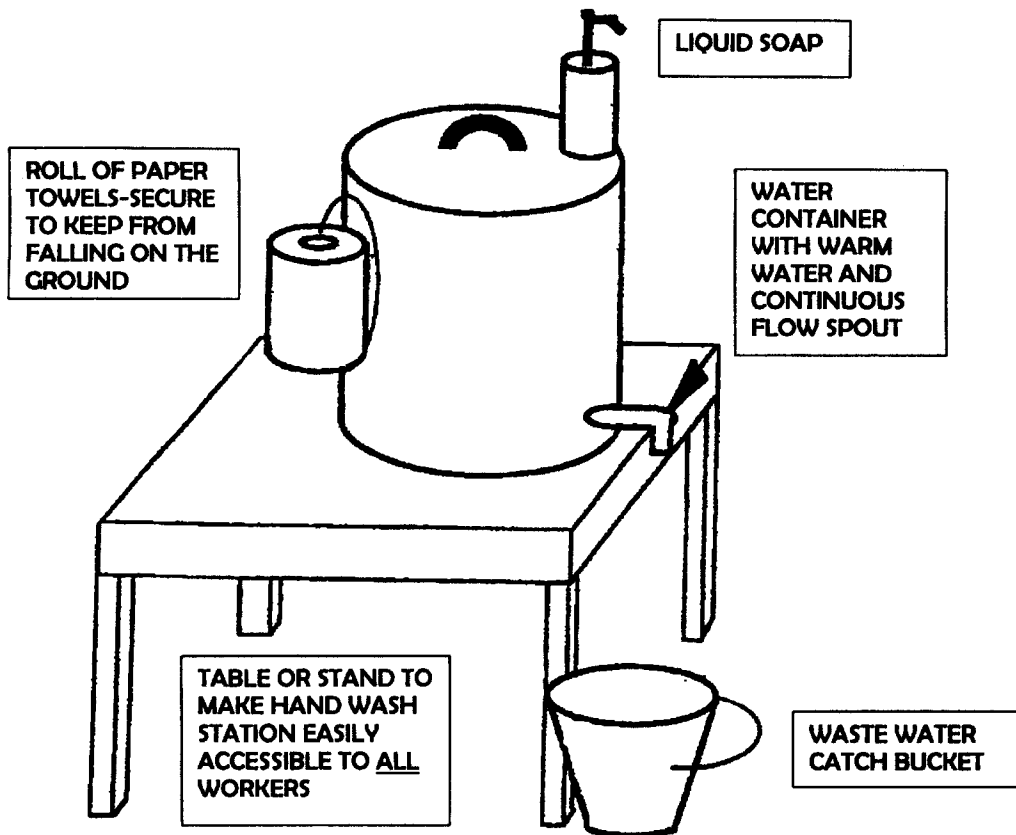
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10. Describe how cooked and/or cold **TCS foods (PHZ)** will be transported to the event – in what types of containers and how temperature control will be monitored (**41°F or below for cold and 135°F or above for hot foods**).
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11. Where will toxic and cleaning items be stored at the booth?
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12. Where will condiments and single service items be stored and how will they be dispensed at the booth? (Examples: pump dispensers, individual packets, squeeze bottles, wrapped straws, pre-wrapped eating utensils, etc.)
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13. Provide method/location of storage for waste grease; waste water; food/garbage; cardboard debris; etc.
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14. Provide/locate all utilities/extra equipment to be brought to the event such as propane tanks, generators, fans, additional equipment, and the like.
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15. Provide/describe food security measures to be used at close of multi day events.
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16. List all types of NSF thermometers to be provided at event (for equipment and to measure food temperatures):
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17. Provide a sketch on a separate page, **DRAWN TO SCALE**, with all equipment, utilities, storage units, aisles, ventilations, entries, exists and similar items needed in your booth. **Also, if available, please provide photographs of your set-up with this application.**





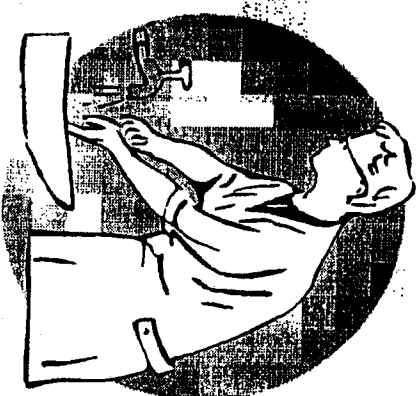
MANDATORY HANDWASHING STATION  
SET UP



GLOVES AND HAND SANITIZERS DO NOT TAKE THE PLACE OF THIS REQUIRED HAND WASHING STATION AT ANY TEMPORARY FOOD BOOTH!! THIS IS THE **FIRST** THING YOU SHOULD SET UP AND THE **LAST** THING YOU SHOULD TAKE DOWN IN YOUR BOOTH.

# Employees Must Wash Hands Before Returning to Work

1. Wet hands with hot, running water
2. Apply soap
3. Rub hands for at least 20 seconds
4. Clean under fingernails and between fingers
5. Rinse hands thoroughly under running water
6. Dry hands



For Additional Information Contact  
North Central District Health Department  
(860) 745-0383





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Director of Health

## MANUAL DISH WASHING



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**SANITIZE:** Completely **IMMERSE** dishes - utensils - equipment in an **APPROVED** sanitizing solution:

- ◆ **Chlorine:** 50 - 100 p.p.m.  
**ONE (1) TABLESPOON** of 5% household bleach to **ONE (1) GALLON** of water.
- ◆ **Quaternary ammonium compounds:** 200 p.p.m.
- ◆ **Hot Water:** 170 degrees F.
- ◆ **Iodine:** 12.5 - 25 p.p.m.

**CHECK THE STRENGTH OF THE SANITIZER SOLUTION  
USE AN APPROVED CHEMICAL TEST KIT  
USE THE CORRECT TEST KIT FOR THE TYPE OF SANITIZER BEING USED**

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## ARE YOU CHECKING YOUR SANITIZER?

Test paper strips are a simple and fast method to check the strength of sanitizers in dish washing rinses or other cleaning solutions. Depending on the sanitizing agent being used; chlorine, iodine or quaternary ammonium compounds, the correct test strip must be used. The containers are equipped with color coded charts to assist in determination of the correct sanitizing solution strength.

Contact your restaurant supply company to request information on sanitizer test kits or contact:

1. Weber Scientific, Hamilton, New Jersey (1-800-328-8378)
2. Bailey's, P. O. Box 191, Lodi, New Jersey (1-888-685-8378-toll free) to request a catalog
3. Superior Products, Windsor, Connecticut (1-800-328-9800)
4. Harvest Restaurant Equipment & Supply, 47 Main Street, Vernon, Connecticut (860-646-9923)

\* These company names are not supplied as endorsements, but only for informational purposes.



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## Q.F.O. Questionnaire

Does your establishment need a Q.F.O.?  
Qualified Food Operator

Establishment: \_\_\_\_\_ Town: \_\_\_\_\_

My Establishment Class is: \_\_\_\_\_ Name of QFO: \_\_\_\_\_

### CLASS 1 ESTABLISHMENTS

#### Description of Food Preparation Permitted

- . Commercially prepackaged food (e.g., cold commercially packaged sandwiches and sandwich meat and cheeses, pastries, confectioneries, etc.)
- . Hot and cold beverages (e.g., coffee, tea, soft drinks, etc.)
- . Hot and cold food preparation limited to non-potentially hazardous foods (e.g., popcorn, pretzels, donuts, etc.) **AND** potentially hazardous foods heated and served in original package within 4 hours (e.g., commercially prepared processed and packaged sandwiches).

#### Examples of Class 1 Establishments

- . Convenience stores with prepackaged foods and beverages
- . Coffee shops serving pastries, beverages and prepackaged foods

### CLASS 2 ESTABLISHMENTS

#### Description of Food Preparation Permitted

- . Cold or ready-to-eat foods including potentially hazardous foods may be prepared (e.g., cold deli sandwiches, salads, etc.)
- . Commercially packaged precooked potentially hazardous foods may be heated and served in original package within 4 hours (e.g., commercially prepared processed and packaged sandwiches).
- . Commercially precooked: hot dogs; kielbasa; and soups (not chili, stew or other canned products), may be heated if transferred directly out of the original package and served within 4 hours. (*Transferred directly out of the original package* means opening a can or package of soup that is in a ready-to-eat form and does not require the addition of water, milk or other ingredients.)

#### Examples of Class 2 Establishments

- . Delicatessens
- . Cafes
- . Ice Cream and yogurt shops

### CLASS 3 ESTABLISHMENTS

#### Description of Food Preparation Permitted

- . Hot preparation of potentially hazardous foods allowed if served to the public within 4 hours (e.g., hot meat sandwiches, pizza, soups, seafood, etc.) The 4 hour maximum holding time before service includes the cumulative holding, cooling, storage, reheating times, after heat treatment.

#### Examples of Class 3 Establishments

- . Cafeterias (including schools with hot food prepared less than 4 hours before service).
- . Some restaurants with same day preparation of hot foods.
- . Itinerant (mobile) food vendors
- . Day Care Centers
- . Cook/serve operations - some diners and short order establishments.

### CLASS 4 ESTABLISHMENTS

#### Description of Food Preparation Permitted

- . Hot preparation of potentially hazardous foods (e.g., meats, poultry, eggs, fish, dairy, etc.) served more than a cumulative (include hot holding, cooling, cold storage, reheating, etc.) 4 hours after heat treatment.

#### Examples of Class 4 Establishments

- . Most restaurants
- . Convalescent Homes
- . Hospitals
- . Caterers
- . Any food service establishment that serves potentially hazardous food left over from the day before.

**This form MUST be completed by all Class 3 and Class 4 applicants - regardless of previous information supplied.** Your application for a food service license will not be processed if returned blank or incomplete.

Establishment Name: \_\_\_\_\_

Estab. Address: \_\_\_\_\_ **CT**  
(Street) (City) (State)

**PRIMARY Qualified Food Operator/Certified Food Safety Manager Information**

Full Name: \_\_\_\_\_  
(First) (Last) (Job Title)

Home Street Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip) (Home Phone No.)

Name of Course Taken: \_\_\_\_\_ Date on Certificate: \_\_\_\_\_

***A copy of your certificate of course completion must be submitted along with your license application - if not previously submitted.***

**REQUIRED: ALTERNATE Qualified Food Operator/Certified Food Safety Manager Information**

The Owner or Person in Charge of the food service establishment shall designate an alternate person to be in charge at all times when the qualified food operator cannot be present.

Full Name: \_\_\_\_\_  
(First) (Last) (Job Title)

Home Street Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

Home Tel. No.: \_\_\_\_\_ Course taken (if applicable) \_\_\_\_\_

**REQUIRED: WRITTEN DOCUMENTATION OF TRAINING**

**Written documentation of a training program and training records of each employee are maintained and on file on site at this establishment.**

**YES**                      **NO**                      **Signed \_\_\_\_\_**  
**Primary Qualified Food Operator**

- \* A copy of your certificate of compliance with the QFO/CFSM requirement must be maintained on file at the food service establishment at all times.
- \* The QFO/CFSM shall maintain written documentation of a training program, and training records of individual employees.
- \* ***The state Public Health Code now allows the Director of Health to close an establishment for non-compliance with Section 19-13-B42(u)(4) - QFO Requirements.***



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## DECLARATION OF BASE OF OPERATION

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

**PLEASE PRINT CLEARLY**

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner/Operator Name: \_\_\_\_\_

Business Name of Base of Operation: \_\_\_\_\_

Address of Base of Operation: \_\_\_\_\_

Owner of Business Used as Base: \_\_\_\_\_

Owner's E-mail Address: \_\_\_\_\_

Telephone Number of Base of Operation: \_\_\_\_\_

### **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 Business Owner of Business

\_\_\_\_\_  
Signature of Owner of Food Establishment

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

Rev 11/23/22