



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: _____
CFPM: _____	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, using the same menu , 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.

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

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

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

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

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.?

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

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

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

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.**

CFPM Questionnaire

**Does Your Establishment Need A CFPM
(Certified Food Protection Manager)**

Establishment: _____ Town: _____

My Establishment FDA Class is: _____ Name of CFPM: _____

CLASS 1 ESTABLISHMENTS

“Class 1 food establishment” means a retail food establishment that does not serve a population that is highly susceptible to food-borne illnesses and only offers (A) commercially packaged food in its original commercial package that is time or temperature controlled for safety, or (B) commercially prepackaged, precooked food that is time or temperature controlled for safety and heated, hot held and served in its original commercial package not later than four (4) hours after heating, or (C) food prepared in the establishment that is not time or temperature controlled for safety.

CLASS 2 ESTABLISHMENTS

“Class 2 food establishment” means a retail food establishment that does not serve a population that is highly susceptible to food-borne illnesses and offers a limited menu of food that is prepared or cooked and served immediately, or that prepares or cooks food that is time or temperature controlled for safety and may require hot or cold holding, but that does not involve cooling.

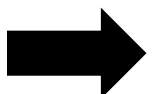
CLASS 3 ESTABLISHMENTS

“Class 3 food establishment” means a retail food establishment that (A) does not serve a population that is highly susceptible to food-borne illnesses, and (B) offers food that is time or temperature controlled for safety and requires complex preparation, including, but not limited to, handling of raw ingredients, cooking, cooling and reheating for hot holding.

CLASS 4 ESTABLISHMENTS

“Class 4 food establishment” means a retail food establishment that serves a population that is highly susceptible to food-borne illnesses, including, but not limited to, preschool students, hospital patients and nursing home patients or residents, or that conducts specialized food processes, including, but not limited to, smoking, curing or reduced oxygen packaging for the purposes of extending the shelf life of the food.

Taken directly from the CT General Statutes 19a-36g



This form MUST be completed by all FDA Class 2, 3, and 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: _____

Establishment Address:		
(Street)	(City/Town)	(Zip Code)
(eMail)	(Phone#)	

REQUIRED: CFPM: Certified Food Protection Manager Information

Full Name: _____ Job Title: _____

Home Address: _____
 (Street)

 (City/Town) (Zip Code)

Phone #:_____

Name of Course Taken: _____ Date of Expiration: _____

A copy of your certificate must be submitted along with your license application.

REQUIRED: CFPM: Certified Food Protection Manager Information

A CFPM is required to be onsite at all times when the establishment is open for business. Please provide one additional CFPM that will be working in the establishment in a supervisory manner.

Full Name: _____ Job Title: _____

Home Address: _____
 (Street)

 (City/Town) (Zip Code)

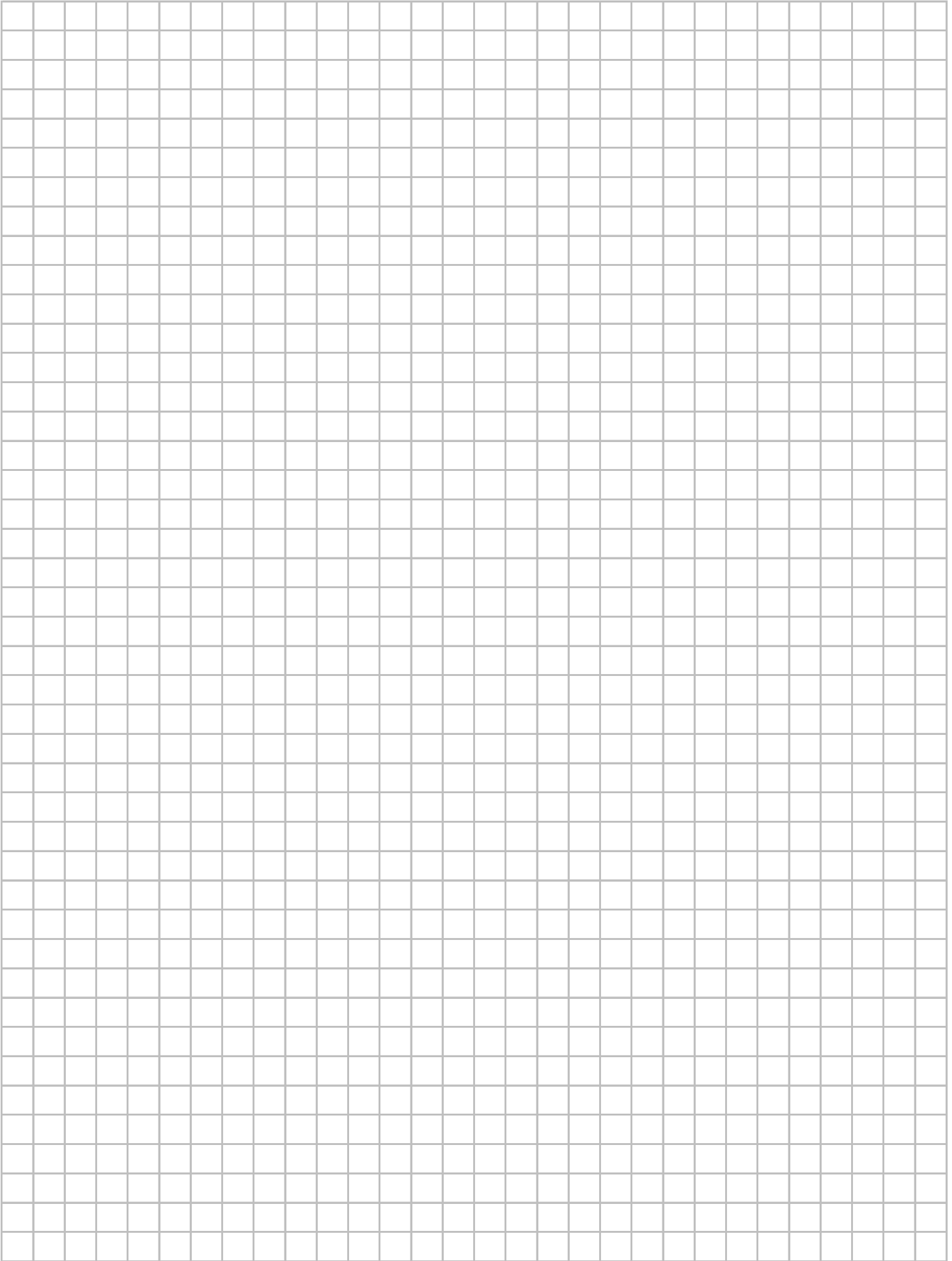
Phone #:_____

Name of Course Taken: _____ Date of Expiration: _____

*A copy of each CFPM certificate from an accredited program must be maintained on file at the food service establishment, **at all times**, and made available to inspectors upon request.

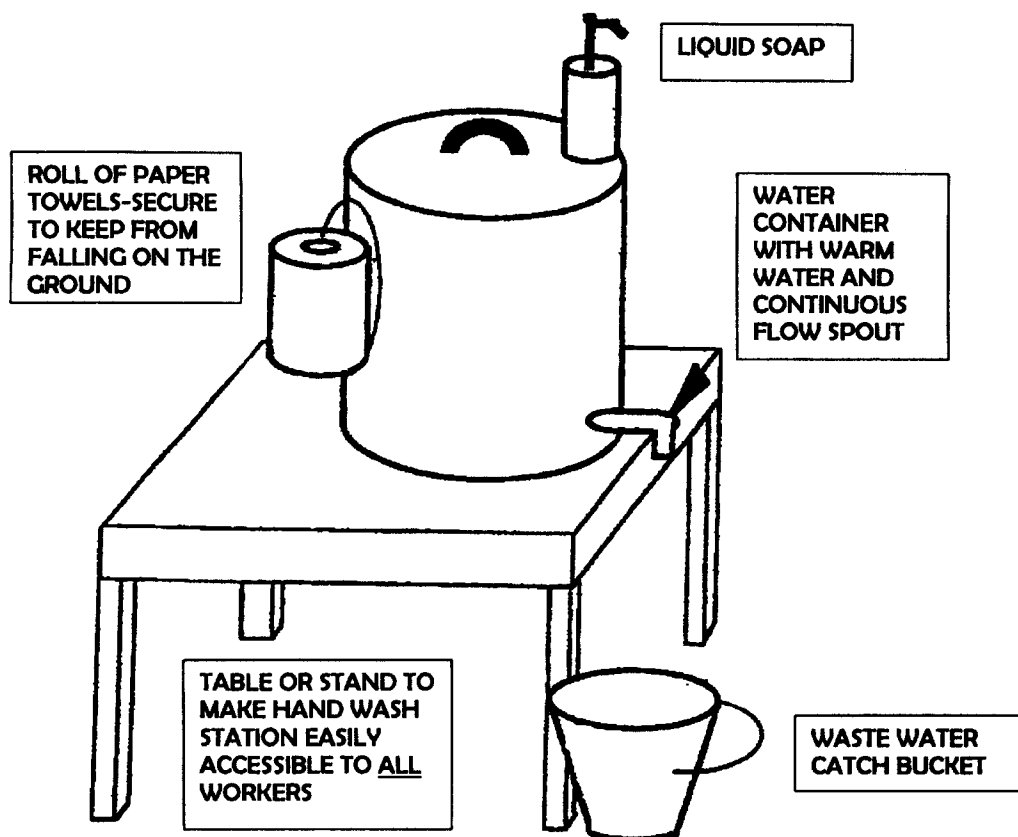
* The Person in Charge shall maintain documentation (i.e., Form 1-B in the FDA Food Code) or otherwise satisfactorily demonstrates during the inspection, that all food employees and conditional employees are informed of their responsibility to report the management information about their health and activities as it relates to diseases that are transmissible through food, as specified under ¶ 2-201.11(A).

NOTE: The home address for the CFPMs cannot be the address of the establishment



Temporary Food Service Workers Log Sheet (Use One Sheet Per Shift)				
Worker's Name	Address	Phone No.	Days/Hrs. Worked	Job/Duties

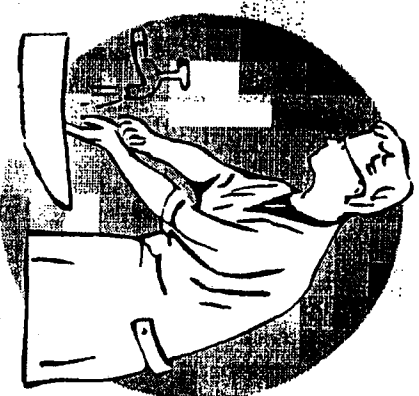
MANDATORY HANDWASHING STATION SET UP



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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MANUAL DISH WASHING



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

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.