



TEMPORARY FOOD SERVICE ESTABLISHMENT LICENSE APPLICATION (Please complete one application per booth)

APPLICATION AND PAYMENT MUST BE SUBMITTED AT LEAST 2 WEEKS PRIOR TO THE EVENT TO AVOID LATE FEES *

Event: _____ Event Coordinator: _____ Phone: _____

Event Location: _____ Town: _____

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

Name of Your Organization: _____ Phone: _____

Address of Organization: _____ Address City State Zip Code

Please PRINT name, address, and phone number of primary contact person for food at event:

Name: _____ Phone: _____

_____ Address City State Zip Code

E-Mail: _____

Certified Food Protection Manager: _____

X _____ Signature of Primary Contact Date

Temporary Food Service FEES:

- Class I (1 day) \$45.00
Class I (2-14 days) \$75.00
Class II & III (1 day) \$65.00
Class II & III (2-14 days) \$130.00

Non-Profit Status Fees- Please submit 501C

- Class I (1 day) \$25.00
Class I (2-14 days) \$40.00
Class II & III (1 day) \$35.00
Class II & III (2-14 days) \$65.00

Class I: TCS pre-packaged foods and non-TCS foods

(i.e, Temperature controlled for safety food items, cookies, ice cream, popcorn)

Class II or III: TCS foods

(i.e, hotdogs, hamburgers, soup, chili, sandwiches, etc)

Late Fees for Temporary Food License:

Payment received 4-14 days before event= 50% of license fee

Payment received 1-3 days before event= 100% of license fee

*Late Fee Due (if applicable) \$ _____

Please send payment (checks only) to: "Central Connecticut Health District", 2080 Silas Deane Hwy, Rocky Hill, CT 06067

OFFICE USE ONLY Total Amt. Received _____ Date _____ Check # _____ Entered _____

APPROVED _____ Date _____ Entered _____
Director of Health or authorized representative

The following questions must be completed before approval may be granted. See the attached instructions for guidance on answering the questions. Answers will be reviewed by a Sanitarian, and you maybe be contacted for further information, if necessary. NOTE: If TCS foods are to be prepared or served there must be a properly trained manager on-site to supervise operations.

1. List all items on the proposed menu plus condiments.
2. Where will the food to be served be purchased?
3. Where will the food be stored and/or prepared prior to the event?
4. How will the food items be kept cold? (Below 41°F)
5. How will the food items be cooked?
6. How will the hot food items be kept hot? (Above 135® F)
7. How will the food be protected?
8. Describe the type of hand washing facility that will be used inside the booth.
9. Indicate the water source that will be used for cooking, cleaning and hand washing.
10. How will utensils, cutting boards, etc. be sanitized?
11. How will excess food and single service items be stored?
12. How will condiments and single service items be dispensed?
13. Location of employee/volunteer toilet facility.
14. Please include a drawn layout of the proposed operation and copy of CFPM certificate with your application

Reviewed and APPROVED _____ DATE _____
Director of Health or Registered Sanitarian