



TOWN OF EAST HARTFORD HEALTH DEPARTMENT

740 MAIN STREET EAST HARTFORD, CT 06108

PHONE: 860-291-7324 FAX 860-291-7326

___ Paid fee
___ Non-profit
___ Date
___ Initials
___ receipt #

TEMPORARY FOOD SERVICE APPLICATION

Submit application at least 10 working days prior to event.

EVENT INFORMATION	
Event name:	
Event date(s):	Event time(s):
Event location (if held in a park or rental hall):	
LICENSEE INFORMATION	
Name:	
Full address:	
Contact number(s):	e-mail address:
ORGANIZATION INFORMATION	
Representing:	
Full address:	
Contact number(s):	e-mail address:
FOOD SERVICE INFORMATION (CHECK ALL THAT APPLY FOR EACH QUESTION)	
Event food service will be <input type="checkbox"/> inside at a permanent facility <input type="checkbox"/> outside in a truck or cart <input type="checkbox"/> outside in a tent or under a canopy If food service operation is not in a permanent facility or a food service truck or cart a diagram of the food preparation area including labels for all equipment must be attached to application.	
Food will be prepared <input type="checkbox"/> at event <input type="checkbox"/> at a licensed food service facility (provide name and address) _____	
Source of the food will be <input type="checkbox"/> wholesale store(s) name(s): _____ <input type="checkbox"/> a retail store(s) name(s): _____ <input type="checkbox"/> food service purveyor or distributor name: _____	
Food will be transported to the event <input type="checkbox"/> in insulated containers <input type="checkbox"/> in coolers with ice <input type="checkbox"/> in a temperature controlled truck <input type="checkbox"/> other _____	
Cooking equipment used <input type="checkbox"/> oven <input type="checkbox"/> deep fryer <input type="checkbox"/> gas grill <input type="checkbox"/> rice maker <input type="checkbox"/> wok <input type="checkbox"/> stove or burners <input type="checkbox"/> steamer <input type="checkbox"/> other _____	
Foods will be kept hot <input type="checkbox"/> on a grill, stove or other cooking device <input type="checkbox"/> in chafing dishes <input type="checkbox"/> under heat lamp or in warmer <input type="checkbox"/> No food will be kept hot <input type="checkbox"/> other _____	
Perishable foods will be kept cold <input type="checkbox"/> in mechanical refrigeration <input type="checkbox"/> on ice or with ice packs	

Hand washing sink or station complete with soap in a dispenser and paper towels and wastebasket

is part of facility will be set up prior to any food preparation

Water supply

plumbed in a permanent facility supplied via food grade hose brought to event in clean containers

Vegetables and/or fruits will be washed at the event in a sink or basin with potable water

at a food service facility and transported in clean containers not applicable

Utensils and cutting boards will be washed, rinsed and

sanitized in a 3-bay sink or 3 basins returned to food service facility for sanitization

sanitized in a dishwasher not applicable (if serving only prepackaged food or using single service)

Sanitizer to be used for food contact surfaces

chlorine bleach quaternary ammonia iodine

Condiments will be supplied in sanitary dispensers in individual packets not applicable

Bare hand contact with ready-to-eat food will be prevented by using

gloves (non-latex) wax paper tongs, spatulas or other utensils not applicable (food is prepackaged)

List each menu item separately with preparation method. Attach additional sheets if necessary

Example: Baked chicken breast raw pre-cooked not applicable

_____ raw pre-cooked not applicable

I agree to operate this food service operation in a sanitary manner consistent with the *Compliance Guide for Temporary Food Service Events*. If the Health Department requires an inspection of this temporary food service facility, I agree not to serve food to the public until the inspection has been conducted and the facility approved. I understand that my Temporary Food Service license may be revoked immediately if food is being prepared in a manner that endangers public health. I will not knowingly allow any ill individual to prepare food at this event. I agree to keep a list of all employees or volunteers who work in the food service area and their contact information for 90 days following the event. Temporary Food Service license fees are non-refundable. To the best of my knowledge the information provided on this form is correct and complete.

Applicant signature: _____ **Date:** _____

Inspection required Inspection not required

Health Department approval _____ **Date:** _____