

Model Itinerant Food Service Permit Application

LHD logo

_____ **HEALTH DEPARTMENT**

APPLICATION FOR ITINERANT FOOD SERVICE PERMIT (Part 1)

Permit/license fee: \$ _____

This is an application for an Itinerant Food Service Permit ONLY and does not eliminate the need for other approvals needed within the communities where you prepare and serve food.

- **Menus** must be provided along with this application and fee.
- Arrangements for inspection of all vehicles must be made with this office prior to the issuance of any License or Permit to serve food. Each vehicle must be inspected and have its own Permit.

Name of Company: _____

Business Address (street & town) _____

Note: Every Itinerant Food Vendor must have a licensed/zoned base of operation (an approved location/building to park the truck, store food/non-food contact items, cleaning sinks, preparation and/or additional cooking area, etc.)

Owner / Applicant Information:

Name: _____

Mailing Address: _____

Phone Number: _____ E-mail: _____

Please provide vehicle information (each vehicle needs a separate Application & Permit):

Make / Model

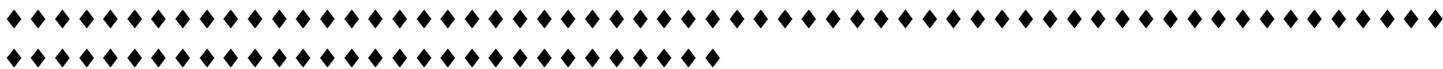
License Plate

Certification: I hereby certify that all information provided is correct and that I will ensure all trucks will be inspected and permitted.

Signature of Applicant: _____ Date: _____

I agree that if my itinerant food vending establishment participates in the reciprocity agreement among local health departments/districts that allow itinerant food vendors to operate in other local health jurisdictions other than where permit is issued that I will notify the local health department/district where I plan to operate at least 48 hours prior to operating there.

Signature of Applicant: _____ Date: _____



For Office Use Only:

Date Received: _____ Date of Inspection: _____

Date Permit Issued: _____ Permit Number:

Application for Annual Itinerate Vendor Food Service Permit (Part 2)

- A. All Class 3 & 4 establishments must have a Certified Food Protection Manager in a full time supervisory position. The certification must be from a state approved testing agency for Connecticut. A copy of the certificate must be provided with this application.**

NAME OF CERTIFIED FOOD OPERATOR: _____

- B. Please provide a drawing of the proposed layout of your Food Establishment. Identify and describe all equipment including cooking and cold holding equipment, hand-washing facilities, worktables, dishwashing facilities, food and single service storage, garbage containers and customer service areas.**

- C. A pre-opening inspection of the establishment with equipment in place and operational must be performed to determine compliance with the application as submitted.**

CHECK APPROPRIATE INFORMATION FOR THE THREE CATEGORIES BELOW:

1. WATER SUPPLY USED FOR FOOD PREPARATION:

- PUBLIC WATER WELL WATER

2. WASTE DISPOSAL:

- SEPTIC SYSTEM PUBLIC SEWERS

Note: The CT State Department of Public Health – Water Supplies Section regulates well water supplies for food service operations. Compliance with requirements is required prior to issuance of a Food Service License.

1. List **all** food and beverage items to be prepared and served. A menu must be provided with this application. *NOTE: any changes to the menu must be submitted and approved by the Health Department*

2. Will all foods be prepared at the site? **Yes** **No** (fill out below)

Food will be prepared at _____ which is an approved food service and preparation facility permitted in the City/Town of _____. A copy of that establishment's Permit must be provided with this application.

3. Describe method used to maintain the proper temperatures of food during transportation:

That need refrigeration: _____

That need to be kept hot: _____

4. Describe the equipment that will be used to prepare and store food on site:

5. Identify the sources for each meat, poultry, seafood, and shellfish item. Include the source of the ice.

6. Describe the number, location and setup of hand-washing facilities to be used by food handlers:

7. Describe where utensil washing will take place.

If no facilities are available on site, describe the location of back-up utensil storage.

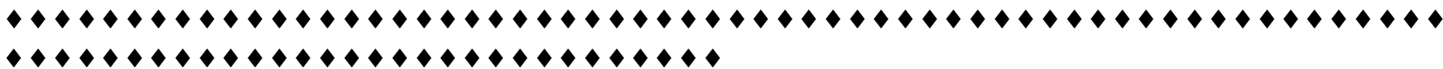
8. Describe how and where wastewater from hand-washing and utensil washing will be collected, stored and disposed. _____

9. Describe the floors, walls and ceiling surfaces, and lighting, if applicable. _____

10. Describe how electricity will be provided (if applicable). _____

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Darien Health Department may nullify final approval.

Signature: _____ Date: _____



For office use only:

Plan review checklist:

Menu provided? Yes No

Floor Plan & Equipment Acceptable? Yes No

QFO/CFP Provided? Yes No

Fee Paid: _____

Inspected & Approved by: _____ Date: _____