

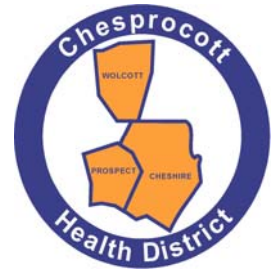
CHESPROCOTT HEALTH DISTRICT

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APPLICATION FOR TEMPORARY EVENT FOOD BOOTH

NAME OF EVENT:

DATE/TIME OF EVENT:

LOCATION OF EVENT:

NAME OF FOOD BOOTH & OPERATOR:

ADDRESS : _____

PHONE: _____

NAME OF SHIFT SUPERVISORS:

LIST ALL ITEMS ON THE PROPOSED MENU PLUS CONDIMENTS:

WHERE WILL FOOD BE STORED AND/OR PREPARED PRIOR TO EVENT?

PROVIDE NAME OF ESTABLISHMENT:

ADDRESS:

LICENSING AGENCY: _____

EXPIRATION DATE: _____

WHEN WILL FOOD BE DELIVERED?

HOW WILL IT BE DELIVERED?

HOW WILL COLD FOOD BE KEPT COLD: (BELOW 45°F.) (example: meats, poultry, seafood, dairy products)

HOW WILL HOT FOOD BE KEPT HOT: (examples: cooked, ready-to-serve meats, poultry, seafood, rice, vegetables, etc.)

DESCRIBE HANDWASHING FACILITY INSIDE BOOTH:

HOW WILL UTENSILS, CUTTING BOARDS, ETC., BE SANITIZED:

LOCATION OF EMPLOYEE TOILET FACILITY: _____

PLEASE DRAW A LAYOUT OF PROPOSED OPERATION:

APPLICATION REVIEWED BY _____

COMMENTS: _____

APPROVED BY: _____ DATE: _____

LICENSE FEE: _____ or TAX EXEMPT ID # _____ FEE PAID _____