



Farmington Valley Health District

95 River Road, Suite C ▪ Canton, CT 06019 ▪ Phone (860) 352-2333 ▪ Fax (860) 352-2542

Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury

Notification of Temporary Event

If your organization and/or business will be sponsoring an event at which foods and/or beverages will be served to the public, please submit this completed form to the FVHD at least **3 weeks** before the planned event. The name and contact information for each food and/or beverage vendor must be included.

Please be aware that **each food and/or beverage vendor** is required to complete a separate **Application for Temporary Food Service Permit**. Vendors serving a Class 1 or 2 menu consisting of non-potentially or cold potentially hazardous foods (eg: beverages, popcorn, ice cream, hot dogs, etc.) will pay a permit fee of \$35. Vendors serving a Class 3 or 4 menu consisting of potentially hazardous hot foods (eg: hamburgers, chicken, chili, sausage, pizza, etc.) will pay a permit fee of \$50. Non-profit vendors are exempt from permit fees but must still submit an Application for Temporary Food Service Permit.

In the case that a vendor prepares the **identical menu at the same venue** on multiple occasions in connection with a set of events in a single series (eg. concert series, Farmer's Market, etc.) temporary permits will be issued for each of the dates and only a **one-time** fee will be charged.

Please advise your vendors that Temporary Food Service Permit applications and fees must be submitted to the FVHD by vendors **at least 14 days prior to the event**. Applications may be obtained from the FVHD or are available on our website at www.fvhd.org.

Name of Event: _____

Event Location: _____

Dates of Event(s) _____

Sponsor Organization/Business Name: _____

Name of Event Coordinator: _____

Event Coordinator Mailing Address: _____

Telephone/Cell Phone: _____ Email: _____

LIST NAMES AND CONTACT INFORMATION FOR ALL FOOD AND/OR BEVERAGE VENDORS:
(Please use reverse side if additional space is needed)

BUSINESS NAME	BUSINESS ADDRESS	PHONE/CELL	EMAIL
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DATE OF ANNUAL WATER ANALYSIS IF PROPERTY IS SERVED BY A WELL: _____
(Please attach copy of report)

ESTIMATED DAILY ATTENDANCE: _____

NUMBER OF PUBLIC RESTROOMS AND HANDWASHING FACILITIES: _____