



# Farmington Valley Health District

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

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## **ITINERANT FOOD VENDOR PLAN REVIEW GUIDELINES/APPLICATION** Rev. Jan 2022

Itinerant Food Vendors are food establishments which serve food or drink from a self-contained, approved mobile conveyance, generally a truck or trailer, without a fixed location and without connection to a water supply or sewage disposal system. Itinerant Food Vendors applying for an Annual Permit with FVHD must submit the following to obtain written approval from FVHD to obtain an Annual Permit to operate. **The following must be submitted with the completed Itinerant Food Vendor Plan Review Application:**

- \_\_\_\_\_ **Layout** of trailer/truck showing equipment location and names (all equipment must be commercial grade NSF®/ANSI approved or equivalent) and floor and wall finishes (floors and walls must be non-porous and easily cleanable).
  
- \_\_\_\_\_ **Menu** (including seasonal and/or catering menus)
  
- \_\_\_\_\_ **Certified Food Protection Manager Certificate(s)** must be submitted prior to permitting. (applicable to only Class II and Class III Itinerant Food Vendors)
  
- \_\_\_\_\_ **Base of Operation Declaration Form** along with all items requested on this form.

### **An Annual Permit will not be issued for the Itinerant Food Vendor until the following requirements are met:**

1. Written plan approval is issued by FVHD to the applicant/owner or the Itinerant Food Vendor.
2. A completed Annual Food Permit Application has been received by FVHD with appropriate permitting fee paid.
3. The FDA Food Code and FVHD Regulations require that food establishments that are class II, III, or IV employ a Certified Food Protection Manager (CFPM) and certified alternate Person in Charge (PIC) that must possess a current Food Safety Manager's certificate from an approved testing organization. There should be someone on-site when the Itinerant Food Vending Establishment is in operation.
4. Pages 2-3 of the plan review application, Base of Operation form and applicable documents have been submitted and approved by FVHD.
5. A pre-operational permitting inspection has been conducted and approved by FVHD.



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## ITINERANT FOOD VENDOR PLAN REVIEW APPLICATION

**Name of Itinerant Food Vendor:** \_\_\_\_\_

**Name of Legal Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address of Owner:** \_\_\_\_\_

**Contact Person** (if other than owner): \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email Address of Contact Person:** \_\_\_\_\_

**License Plate Number of Mobile Unit:** \_\_\_\_\_

**Months of Operation** (i.e., May-Sept, Year-Round): \_\_\_\_\_

**Describe how Mobile Unit is Winterized** (if operating during winter months): \_\_\_\_\_

**Antifreeze Type** (if applicable): \_\_\_\_\_

**Location where food is prepared** (check all that apply):

- Onsite
- Base of Operation (See Base of Operation Declaration Form)

**Type of Water Supply** (check all that apply):

- Public
- Well (If water is from a well, a current well water analysis is required)
- Other: \_\_\_\_\_

**Location(s) of Water Supply:**

- Base of Operation
- Other: \_\_\_\_\_

**Fresh (potable) water holding tanks: Capacity:** \_\_\_\_\_ (Gallons) **Construction materials:** \_\_\_\_\_

**How is the fresh (potable) water storage tank filled?**

- Food grade hose
- Other: \_\_\_\_\_

**How do you sanitize the water tank?** \_\_\_\_\_

**Hot water heater: Size:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model #:** \_\_\_\_\_

**Wastewater holding tank(s): Capacity:** \_\_\_\_\_ (Gallons) **Construction materials:** \_\_\_\_\_

*\*Wastewater tanks shall be at least 15% larger than the freshwater tank.*

**Location Where Wastewater is Disposed:** \_\_\_\_\_

*\*You may not discard your wastewater into a storm drain or on the ground surface.*

**Describe how garbage will be disposed:** \_\_\_\_\_

**Describe where cooking grease will be stored and disposed** (if applicable): \_\_\_\_\_

**For all items prepared and sold on the Itinerant Vending unit, indicate where the following tasks will take place.** Select all that apply:

- Cooking:  Mobile Unit  Base of Operation  Not Applicable
- Reheating:  Mobile Unit  Base of Operation  Not Applicable
- Cooling:  Mobile Unit  Base of Operation  Not Applicable
- Thawing:  Mobile Unit  Base of Operation  Not Applicable
- Ice-making:  Mobile Unit  Base of Operation  Not Applicable  Store Bought
- Washing Produce:  Mobile Unit  Base of Operation  Not Applicable
- Slicing/Cutting/Dicing:  Mobile Unit  Base of Operation  Not Applicable
- Ware washing:  Mobile Unit  Base of Operation  Not Applicable
- Other: \_\_\_\_\_  Mobile Unit  Base of Operation  Not Applicable
- Other: \_\_\_\_\_  Mobile Unit  Base of Operation  Not Applicable

**Indicate where the following storage will be located.** Select all that apply:

- Cold Storage:  Mobile Unit  Base of Operation  Not Applicable
- Dry Storage:  Mobile Unit  Base of Operation  Not Applicable
- Freezer Storage:  Mobile Unit  Base of Operation  Not Applicable
- Chemical Storage:  Mobile Unit  Base of Operation  Not Applicable
- Other: \_\_\_\_\_  Mobile Unit  Base of Operation  Not Applicable
- Other: \_\_\_\_\_  Mobile Unit  Base of Operation  Not Applicable

**All foods must be obtained from a licensed and permitted wholesaler or food distributor. Where will food be purchased?**

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**What is the power source for the mobile unit: In transit:** \_\_\_\_\_ **Onsite:** \_\_\_\_\_

**I understand that NO foods can be prepared, or food/food equipment stored in my home.**

The undersigned agrees to comply with all regulations and codes enforced by the Farmington Valley Health District. You must contact this office if you propose at any time any changes to the menu, equipment, Base of Operation, or any of the above referenced information.

Owner/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**It may take up to 14 days for the plan review process to begin, once all items are received by FVHD.**