



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

Seasonal Temporary Permit Application Rev. Jan 2022

Fee: \$150

In the case that a temporary food establishment prepares the identical menu at the same venue on multiple occasions in connection with a set of events in a single series or specific location (e.g., Concert Series, Farmer’s Market, Breweries/Wineries, Concession Stands etc.), a Seasonal Temporary Permit may be issued for each of the dates and only a one-time fee will be charged. The applicant must verify on the application that the same menu will be offered and provide the dates of each event. **The permit will be valid for up to a consecutive 180 days** and the application must be submitted at least 14 days prior to the first date of operation. **This permit will only be approved for 1 specific fixed location or event, serving a fixed menu. If more than 1 location or menu is proposed, then separate permits must be applied for.**

Vending Location: _____ Town: _____

Vending Address: _____

Event Date(s): _____ Hours of Event: _____

Name of Food Booth/Trailer/Truck: _____

Address: _____ Town: _____ Phone: _____

Applicants Name: _____ Phone: _____ Email: _____

Food Truck/Trailer License Plate #: _____

LIST PRIMARY FOOD HANDLERS AT THE EVENT: (You must keep on file a list of employees who work in the food booth)

Name (Person in Charge of Booth Here)

Name

Name

Name

- ✓ Submit Food Safety Manager’s Certificate for Person(s) in Charge of Booth.
- ✓ Submit the attached Base of Operation Form, and applicable additional documentation as specified on that form.
- ✓ Submit a sketch layout of food booth/trailer/truck/concession stand.
- ✓ Submit proposed menu. Menu cannot change without prior approval from FVHD.

PROPOSED MENU – LIST MENU ITEMS BELOW

List all food and/or beverage items provided at the event

Approved Food Source(s) (Check all that apply)

- Meat and Poultry- USDA or CT Dept. of Ag Approved
- Dairy- USDA Approved
- Eggs- USDA or CT Dept. of Ag Approved
- Fish- Commercially Caught
- Shellfish FDA Approved- Shellfish Shippers Tag

Where Will Food Be Purchased?

- Grocery Store: _____
- Farmers Market/Local Farm: _____
- Restaurant: _____
- Other: _____

Food Booth/Concession Trailer/Truck

- Food Booth: Overhead Covering Flooring Enclosed Structure
- Concession Trailer/Truck Concession Stand
- Other: _____

Hand Washing Facilities

- Temporary Hand Wash Station Other: _____
- Commercial Portable Hand Wash Sink
- Hand Wash Sink Inside Concession Trailer/Truck/Concession Stand

On-Site Temperature Control Methods (Check all that apply)

Cooking and/or Reheating	Hot Holding	Cold Holding	Transport
<input type="checkbox"/> Gas Grill <input type="checkbox"/> Fryolator <input type="checkbox"/> Stove/Oven <input type="checkbox"/> Propane Burner <input type="checkbox"/> Induction <input type="checkbox"/> Other: _____	<input type="checkbox"/> Electric Steam Table <input type="checkbox"/> Hot Holding Cabinet <input type="checkbox"/> Gas Grill <input type="checkbox"/> Sterno Chafing Dishes <input type="checkbox"/> Stove/Oven <input type="checkbox"/> Other: _____	<input type="checkbox"/> Refrigerators <input type="checkbox"/> Coolers and Ice <input type="checkbox"/> Freezer Chest <input type="checkbox"/> Refrigerated Truck <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cambros <input type="checkbox"/> Coolers and Ice <input type="checkbox"/> Mobile Refrigeration <input type="checkbox"/> Other: _____

Water Supply	Power Source	Waste Disposal
<input type="checkbox"/> Public Water <input type="checkbox"/> Private Well- Submit Analysis <input type="checkbox"/> Commercially Bottled Water <input type="checkbox"/> Other: _____	<input type="checkbox"/> Temporary Electrical Connection <input type="checkbox"/> Permanent Electrical Connection <input type="checkbox"/> Portable Generator <input type="checkbox"/> Other: _____	<input type="checkbox"/> Restrooms <input type="checkbox"/> Portable Toilets <input type="checkbox"/> Garbage Receptacle onsite <input type="checkbox"/> Garbage Receptacle on Trailer <input type="checkbox"/> Other: _____

I acknowledge the following:

- The receipt and retention of this permit depends on compliance with the CT Public Health Code Regulations 19-13-B42 and FVHD Regulations.
- I have read the attached FVHD Temporary Food Service Permit Guidelines.
- **I attest that no food will be prepared, stored, or cooked at my home.**
- In the case that this application is completed for multiple dates at the same location, **I attest that the menu offered for each of the listed dates is identical. There will not be additions or modifications to the menu without prior FVHD approval.** I am aware that if additional menu items are offered, the FVHD may require that an amended application and separate permit fee be submitted for that event.
- Failure to comply with the before mentioned may result in the revocation or the suspension of your food permit.

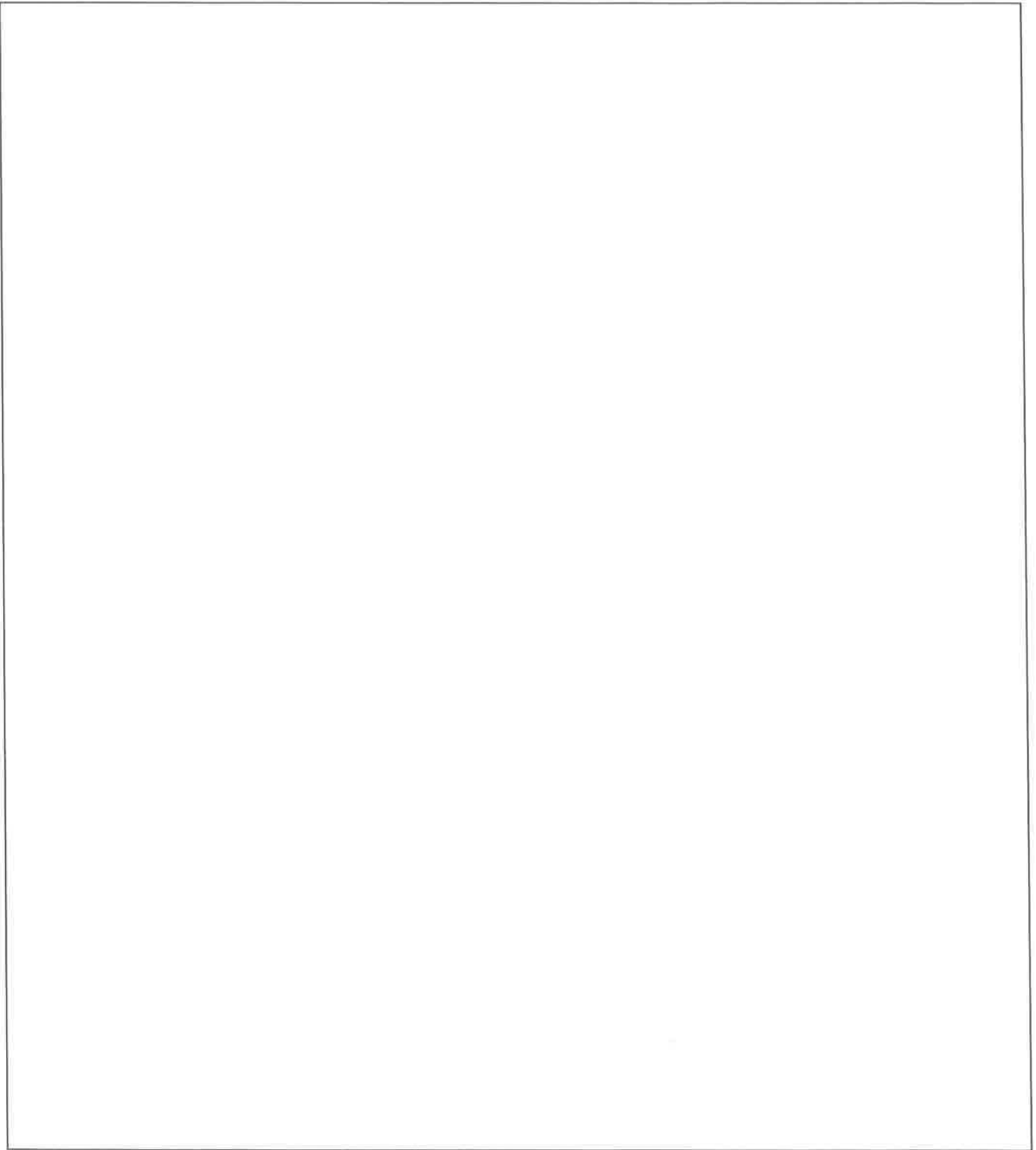
Signature of Applicant: _____ Date: _____
Submit pages 1-4 of this application and the Base of Operation Form with all requested items.

FOR OFFICAL USE ONLY- DO NOT WRITE BELOW THIS LINE

Application reviewed by: _____ Date: _____

Comments:

Provide Sketch of Food Booth/Trailer/Truck/Concession Stand





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

BASE OF OPERATION DECLARATION FORM

Itinerant Food Vendors applying for any kind of permit (annual, temporary, seasonal temporary) from FVHD must operate from a permitted/licensed and inspected Base of Operation from a Health Department/District.

Temporary Food Establishments outside of the FVHD that vend at Temporary Events or Farmers' Markets must submit this form with their Temporary Permit Application.

Itinerant Food Vendor or Temporary Food Establishment

Name of Itinerant Food Vendor/Temporary Food Establishment: _____

Name of Legal Owner: _____ Phone: _____

Address of Owner: _____ Town: _____

E-mail Address of Owner: _____

- Operating as a (check one):
- Annually Permitted Itinerant Food Vendor (within FVHD)
 - Temporary Food Establishment (1-14-day temporary event with fixed location/menu)
 - Seasonal Temporary Food Permit (Up to 180 days with fixed location/menu)
 - Farmers' Market Vendor

Base of Operation

Name of Base of Operation: _____

Street Address of Base of Operation: _____ Town: _____

Name of Legal Owner, Base of Operation: _____ Phone: _____

This kitchen/facility will be used for the following: (Check all that apply)

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Cold food preparation | <input type="checkbox"/> Cold food storage | <input type="checkbox"/> Cooking or reheating | <input type="checkbox"/> Hot Holding |
| <input type="checkbox"/> Cooling | <input type="checkbox"/> Dry Food/Supply Storage | <input type="checkbox"/> Solid/Liquid Waste Disposal | <input type="checkbox"/> Ware washing |
| <input type="checkbox"/> Potable water supply | <input type="checkbox"/> Ice | <input type="checkbox"/> Other: _____ | |

Water Supply at Base of Operation: Public Private Well (Provide recent water test analysis)

Liquid Waste Disposal at Base of Operation: Public Sewer Private Septic

The undersigned agrees to comply with all regulations enforced by the Farmington Valley Health District.

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

Signature of Itinerant Vendor/Temp Food Establishment Owner

Date

Signature of Base of Operations Owner

Date

You must attach and submit a copy of the annual permit/license AND most recent health inspection report from the applicable Health Dept/District for your Base of Operation.