



# Farmington Valley Health District

95 River Road ▪ Canton, CT 06019  
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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.**