



# Farmington Valley Health District

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

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

## APPLICATION FOR TEMPORARY FOOD PERMIT

Fee: \$80.00

Non-profit: No Fee

Temporary Food Establishments serving food and/or beverages to the public on a temporary basis are required to have a Temporary Food Permit. Temporary Food Permits are valid for a maximum of two (2) consecutive weeks if you are set up at the same location/venue **and** serving the same menu.

**Please complete the permit application and return to this office no later than 14 days prior to the event. Failure to submit a completed application, including payment on time, will result in a late fee or may be denied a permit to operate at the temporary event altogether.**

Name of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_ Town: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Hours of Event: \_\_\_\_\_

Date/Time of Set-Up: \_\_\_\_\_

Name of Event Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Food Booth/Trailer/Truck: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_  
(Certified Food Protection Manager/Person in Charge)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

- ✓ Submit **completed** application (pages 1-4) and applicable payment.
- ✓ Submit Food Safety Manager’s Certificate for Person(s) in Charge of Booth/Truck.
- ✓ **Submit the attached Base of Operation Form and all requested documents pertaining to that form.**
- ✓ Submit a sketch layout of food booth/trailer/truck

## PROPOSED MENU – LIST MENU ITEMS BELOW

List all food and/or beverage items provided at the event (use additional page if needed)


### 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
- Other: \_\_\_\_\_

### Hand Washing Facilities

- Temporary Hand Wash Station       Other: \_\_\_\_\_
- Commercial Portable Hand Wash Sink
- Hand Wash Sink Inside Concession Trailer/Truck

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

<b>Cooking and/or Reheating</b>	<b>Hot Holding</b>	<b>Cold Holding</b>	<b>Transport</b>
<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- <b>Submit Analysis</b> <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 2022 FDA Food Code and FVHD Food Service Regulations.
- I have read the attached FVHD Temporary Food Service Permit Guidelines (pg. 6 of this application)
- **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 be not 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: \_\_\_\_\_

---

**FOR OFFICAL USE ONLY- DO NOT WRITE BELOW THIS LINE**

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

---



---



---



---



---

**Provide Sketch of Food Booth/Trailer/Truck**

A large, empty rectangular box with a thin black border, intended for a hand-drawn sketch of a food booth, trailer, or truck. The box occupies most of the page's vertical space.



# Farmington Valley Health District

95 River Road ▪ 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.**



# Farmington Valley Health District

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

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

## FVHD TEMPORARY FOOD SERVICE PERMIT GUIDELINES

### ITEMS REQUIRED AT A TEMPORARY EVENT

- Food contact surface Sanitizer solution (Chlorine bleach or Quaternary Ammonia)
- Chemical test strips (for measuring sanitizing solution)
- Digital thin probe thermometer
- Alcohol swabs (to clean/sanitizer thermometer probe)
- Hair restraints (hat, hairnet, etc.)
- Extra cooking/dispensing utensils
- Gloves
- Adequate supply of potable water
- Soap and paper towels
- Handwashing sink or temporary handwashing set up
- Adequate overhead protection
- Refuse container(s)
- Food temperature logs
- Refrigeration thermometers inside refrigeration and/or food coolers with ice
- Fire extinguisher (Class K required for cooking producing grease vapors)
- FVHD Food Handler Log Sheet
- FVHD Hot/Cold Temperature Log

A FVHD Sanitarian may contact the applicant prior to the event to verify the information in the application and to discuss food handling procedures. The person in charge of the food booth/trailer/truck will be responsible for ensuring proper procedures are understood and followed by all on-site food workers, should be actively involved in the preparation of the food that will be served, and will be on-site for the event.

- The FVHD has the right to limit, restrict, or modify menu items offered at the temporary event and may also restrict or modify preparation methods. On-site food preparation in the food booth shall be minimal.
- Foods shall be from an approved source. Receipts and invoices shall be retained and may be requested by a FVHD Sanitarian.
- All foods must be prepared either in a licensed kitchen or on-site at the food booth/trailer/truck.
- Home cooking/preparation/canning of foods is **NOT** permitted.
- Application submitted less than 14 days prior to the event are subject to a late fee or denial of a permit to participate in the event.
- **Food service establishments located outside of the FVHD jurisdiction applying for a temporary food permit shall submit the following:**
  - ✓ A Base of Operations Form & applicable documents.
  - ✓ A Certified Food Projection Manager's certification for the food handler overseeing food preparation on-site.



### HOT FOOD TEMPERATURE LOG

FOOD ITEM	FINAL COOKING TEMP/TEMP LEAVING BASE KITCHEN	ARRIVAL TIME	ARRIVAL TEMP	INITIALS PERSON IN CHARGE

### COLD FOOD TEMPERATURE LOG

FOOD ITEM	TEMP/TIME OUT OF COLD STORAGE LEAVING BASE KITCHEN	ARRIVAL TIME	ARRIVAL TEMP	INITIALS PERSON IN CHARGE

