

1) Event Name: _____

Event Location/Address: _____

Event Coordinator: _____

Event Coordinator Telephone #: _____

Event Coordinator Email: _____
[Please Print Email Address]

Event Date(s): _____ Time of Event: Open / Close

Time available for inspection: _____

2) Name of Organization applying for License: _____

Organization Base Kitchen Address: _____
[City] [State]

MOU (submit copy of health department license with application)

License Plate # _____

CT DCP Bakery License (submit copy with application)

CT DCP Cottage Food License (submit copy with application)

Vendors Non-Profit - 501(c) Certificate (submit copy with application)

Vendors For Profit - Certified Food Protection Manager (CFPM) Certificate (submit copy with application)

Commercial Vendors based outside the Uncas Health District and not a part of the MOU (submit a valid health department license, current inspection report and Certified Food Protection Manager Certificate with the application)

License Plate # _____

Responsible Person: _____

Telephone: _____

Email: _____
[Please Print Email Address]

Day of event cell phone contact # (must be provided): _____

3) List all items on the proposed **menu** (including condiments & beverages): _____

4) Where will the food be purchased? Identify the sources for each meat, poultry, seafood, dairy, and shellfish item. Include the source of the ice: _____

5) Will each of the food items be prepared on-site **or** at a different location prior to the event? If prior, please provide the name and address of the Commercial Food Establishment providing time/temperature control for safety foods. **(Note: No time/temperature control for safety foods may be prepared in a home kitchen. All preparation must be done on-site or in an approved, inspected kitchen):** _____

- 6) How will time/temperature control for safety foods be transported to the event, including how it will be kept hot and/or cold? For example: Coolers with ice, hot food carriers, refrigerated truck, etc. **(A metal stem thermometer is required to monitor temperatures)**: _____
- 7) How will time/temperature control for safety foods be stored at the event, at the required temperatures? For example: Chaffing dishes, steam tables, refrigerator, etc. **(Cold foods must be held at or below 41°F, & hot foods at or above 135°F)**: _____
- 8) Describe the hand washing facilities that will be available at the food service booth **(Each vendor must have their own hand washing station)**: _____
- 9) Indicate the water source to be used for cooking, cleaning, and hand washing: _____
- 10) How will food service equipment (utensils, cutting boards, etc.) and surfaces be sanitized? _____

Application fee:

Vendors Non-Profit:	1 Day	2+ Days
501(c) Certificate	\$25.00	\$50.00
Vendors For Profit:	1 Day	2+ Days
Certified Food Protection Manager Certificate	\$75.00	\$150.00
Application Submitted Less than 14 Days and Greater than 5 Business Days in Advance of the Event	Double Fee	
Application Submitted within 5 Business Days of the Event	No Permit Will Be Issued	

Farmers Markets

All food vendors who serve food or provide samples at a Farmers Market are required to submit an application and applicable fee for **EACH** Farmers Market within the District (except certain certified farms that have already obtained a Farmers Market license within the State of Connecticut for the season).

You will be issued a license upon approval of the application and/or an inspection on the day of the event.

Signed: _____

Date: _____

"Time/temperature control for safety food" means a FOOD that requires time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation. TCS food includes: an animal FOOD that is raw or heat-treated; a plant FOOD that is heat-treated or consists of raw seed sprouts, cut melons, cut leafy greens, cut tomatoes or mixtures of cut tomatoes that are not modified in a way so that they are unable to support pathogenic microorganism growth or toxin formation, or garlic-in-oil mixtures that are not modified in a way so that they are unable to support pathogenic microorganism growth or toxin formation.

For District Use Only:

Cash Credit Card Amount Due _____ Invoice # _____

Check _____ Amount Paid _____ Receipt # _____

