



Colchester, East Haddam, East Hampton, Hebron, Marlborough, & Portland

TEMPORARY FOOD LICENSE APPLICATION

Name of QFO or Person in charge with Temporary Event Training Certification (include copy of certificate)

Name of Business/ Association

Mailing Address

Cell Phone #

Email Address

Commercial Fee _____ \$75.00

OR

“Non-profit” Fee Class I/ II _____ \$20.00 per event
Class III/IV _____ \$30.00 per event

FEE PAID (office use)

\$ _____

Check# _____

Cash _____

Rec'd Date _____

Choose one Trailer Booth

1st Trailer License plate #(required) _____

Name & Address of Event: _____

Date(s) of Event _____

Hours of the Event: _____

Date and time the TFE will be ready for inspection _____

DIRECTIONS: The **PERSON IN CHARGE** of **each** TFE Site must complete this application. The application must be completed and submitted to Chatham Health District at **LEAST 10 DAYS** before an event involving 5 or fewer booths, and **30 days before** an event involving more than **5** food booths.

NO HOME COOKED FOODS OR FOODS PREPARED IN AN UNAPPROVED FACILITY ARE PERMITTED

Provide all of the following:

- A sketch of booth/tent, include all equipment.
- If more than **5** booths are proposed a drawing of the **entire event area** is required, depicting their TFE site in relation to the potable water supply, electrical sources, the waste water disposal area, lavatories, etc., as well as all food preparation and service areas at the event is required.

- A COPY of QFO or Temporary Event Training Certificate for the person in charge

Please provide the following information: All questions **MUST** be answered to determine if your food permit will be approved. (If any of the following questions do not apply please answer with N/A).

1. **Menu:** Please list all food and beverage items to be prepared and served at temporary event (attach on separate sheet if necessary)

Hot Food: _____

Cold Food: _____

Beverages: _____
 _____ Other: _____

2. Will all food be prepared at the temporary food event?

_____ YES
 _____ NO

3. Describe the food source and operation approach at the event:

Note: **There shall be no home cooking or home preparation of food offered at temporary food events. All food must be obtained from a licensed and permitted retail or wholesale distributor.**

- a. Food prepared or precooked at a licensed kitchen or restaurant. Yes _____
- b. Precooked food ordered/purchased or donated by food establishment. Yes _____
- c. Food will be cooked on the premises. Yes _____ Mobile Vendor Yes _____

4. If you answered yes to question 3a or 3b

- a. Name of License establishment _____
- b. Address of licensed establishment _____
- c. Please submit license to Chatham Health District with this application if issued outside the Chatham Health District.

5. Describe how Potentially Hazardous Foods (PHF) will be transported from the licensed kitchen to the event SAFELY within adequate temperature range (be specific):

Thermal Vehicles _____ Cooler with Ice _____
 Thermal Box: _____ Thermal Bag _____
 Other (describe) _____

NOTE: record time and temperatures of all products before leaving base of operation (this allows Chatham Health District to allow reheating or rapid chilling of food product onsite rather than discarding food items)

6. Identify cooking equipment and approach, choose as many as apply:

_____ Gas Grill	_____ Kettle (corn)	_____ Smoker
_____ Steamer	_____ Stove	_____ Deep Fryer
_____ Conventional Oven	_____ Rice Maker	
_____ Stir fry Wok	_____ Gas Cooker	

____ Other(specify) _____

7. Describe how electricity will be provided to the temporary food establishment.

8. List all places (names and addresses) where the food source especially meats, poultry, seafood (shellfish tags must be kept with the product and held for 90 days) and ice will be purchased.

9. Identify the source of the potable water supply and describe how water will be stored and distributed at the temporary food event. If a non-public water supply is to be used you must submit most recent water tests with this application.

10. Hand washing facilities to be used by employees.

a. Commercial Electric Portable hand washing station _____

b. Portable hand washing set up: Yes _____, MUST include all listed items below:

____ Thermal water tank with Spigot

____ Waste Water Bucket

____ Soap

____ Paper Towels

11. What type of sanitizer will be used? You must provide corresponding test strips to be sure sanitizer is the correct concentration.

____ Chlorine Sanitizer (bleach and water solution)

____ Quaternary ammonium solution

12. How and where will equipment and utensils be washed

a. Commercial ware washing facility on event premises

b. Portable 3-bay sink

c. Three containers of suitable size (adequate for submerging largest piece of equipment)

d. Will bring back to the base of operation to wash (ONLY for events less than 4 hours)

e. Not applicable (if using single service utensils or prepackaged foods)

13. Waste water and grease disposal: Describe how wastewater will be collected, stored and disposed. **NOTE: No waste water or grease is permitted to be disposed of on the ground or down a storm drain.**

_____ Collected by event coordinator _____ Bring back to base of operation

14. Garbage containers: Describe the number and location of garbage containers.

15. What heat source will be used to keep hot foods hot (at 140 degrees and above)?

_____ Electric Steamer _____ Chaffing dishes
_____ Grill _____ N/A (cold food only)
_____ Propane Steamer
_____ Other(describe) _____

16. Describe how cold foods will be kept at 45 degrees and below

_____ Commercial cooler/freezer _____ Cooler with Ice
_____ Ice packs _____ Other (describe) _____

17. You are required to have thermometers and way to sanitize thermometers onsite. Select from items below which you will have onsite:

_____ Digital thin probe thermometer _____ Alcohol Swabs
_____ Cooler thermometers _____ Metal Stem Thermometers

18. Food protection equipment required:

- a. Tent required if food will be prepared, cooked and dispensed out side
- b. Food **MUST** be properly covered, sneeze guards will be required for self-serve or areas open to the public
- c. Adequate shelves required for storing food and food service items, containers **MUST** be off the floor

19. Personal Hygiene

_____ Effective hair restraints (hat or hair net) _____ No exposed open cuts/wounds
_____ Clean outer clothes including apron _____ Food grade gloves

NOTE: Any personnel with undiagnosed fever, diarrhea, vomiting are prohibited from working 72 Hours after they become symptomatic. If there is any questions regarding this please contact Chatham Health District.

20. List all employee/volunteer names, address, phone number, shift worked and duties. Please see employee log attached.

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Chatham Health District may nullify final approval. I certify that I have received and have read the Guidelines for Food Service at Temporary

Events and that the above-described establishment will be operated and maintained in accordance with these Guidelines and the Public Health Code of the State of Connecticut. I Certify that **I am the responsible party and will be onsite during the event to ensure proper procedures and cleanliness.** I understand this is an application only, not a permit until reviewed and signed by a sanitarian.

I will fill out the attached log, Attachment C, and keep it on file for 90 Days.

Person in charge Signature: X _____ Date: _____

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for office use only for office use only for office use only for office use only for office use only

APPROVAL: _____ YES _____ NO

Training certificate provided and reviewed - Circle one: QFO or TFE

Date Sanitarian contacted applicant _____

Notes _____

Permit Restrictions: _____

Sanitarian Signature: _____ Date: _____

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Food Booth Checklist

In order to prepare for CHD to inspect your booth, please ensure the items below are completed and available. The Inspector will ask to see this form is completed prior to inspection.

Booth Name _____

Date _____

- _____ Completed Worker Sign-in Form
- _____ Water from approved source (backflow preventer and food grade hoses when needed)
- _____ Waste water disposed of in an approved manner (not on the ground)
- _____ Restroom facilities sanitary and convenient for food workers (hand washing station encouraged).
- _____ Hand washing facilities with hot water from dispenser with spigot, liquid soap, paper towels, waste water container and trash can.
- _____ Trash cans convenient, emptied regularly in a sanitary way and location.
- _____ Adequate and calibrated food thermometers, alcohol wipes/sanitizers
- _____ Working thermometers for all cold holding units.
- _____ Working and clean facilities to keep cold foods cold (<45°F internal temperature)
- _____ Facilities to cook and keep food hot (>140°F for internal holding temperatures)
- _____ Food cooked and held at proper temperatures and staff knowledge of temperatures
- _____ Food protected at all times
- _____ Separate areas and/or utensils/cutting boards for poultry, meats, seafood, and non PHF
- _____ Wiping rags in clean, labeled and calibrated sanitizer buckets
- _____ Three compartment sink with hot water, soap, sanitizer, test strips (50-100ppm bleach 200ppm Quat) and area for air drying
- _____ Minimizing bare hand contact and frequent hand washing
- _____ Separate and specific duties for each person
- _____ Staff attire-hairnets or hats, clothing clean and covered by apron, minimal jewelry, closed toed shoes, no exposed cuts, burns or open wounds
- _____ Staff habits-no tobacco use, minimize touching hair, face and body, frequent hand washing

Name of person who completed checklist _____

Attachment C

BOOTH NAME OR BUSINESS _____

TEMPORARY EVENT LOG

Name of Employee/ Volunteer and duties	Phone #	TIME IN/OUT	Date
Joe Smith (cook)	860.555.5555	10:00-7:00	09.02.16

Note: This form must be kept for 90days after the event.