



East Shore District Health Department
Serving Branford, East Haven and North Branford

Temporary Food Service License Application
(Maximum of 14 days per event)

Application must be received a minimum of 14 days in advance to avoid late fees.

Date: _____ Fee paid: _____

Name of event: _____

Location of event: _____

Contact person for event: _____ Phone # _____

Name of applicant: _____ Phone # _____

Address of applicant: _____

Date(s) of event: From _____ To _____

Time of operation: _____

Person responsible for food booth: _____

Primary food handlers: _____

Foods to be sold: _____

Source of meat supply: _____

Source of baked goods: _____

Source of water supply: _____

Source of other foods supply: _____

Please initial that you have included these 4 items as part of your completed application.

Initial

- _____ Menu List
- _____ Sketch of booth layout
- _____ Sources of food
- _____ Consultation Fee Payment

I certify that I am the individual or organization representative charged with the responsibility for this food operation:

Printed name: _____

Signature: _____