



EAST SHORE DISTRICT HEALTH DEPARTMENT
Bringing good health to the towns of Branford, East Haven and North Branford

FOR OFFICE USE ONLY:

Date: _____ Fee: _____ Payment Type: _____ Receipt #: _____ Paid by: _____

APPLICATION FOR TEMPORARY EVENT PERMIT

All vendors serving food and beverages to the public on a temporary basis are required to have a food service permit. There will be no refunds or credits issued.

Applications will not be reviewed without payment.

Fee: _____ Single-day Profit \$75.00 _____ Multi-day Profit \$100.00
_____ Single-day Non-profit \$25.00 _____ Multi-day Non-profit \$50.00

A late fee will be assessed if the application is received within 14 days of the event.

Event: _____

Location of Event: _____

Date(s) of Event: _____ Time: _____

Event Organizer: _____ Cell phone: _____

Event Organizer Email: _____

Name of Food Booth: _____

Vendor Contact: _____ Vendor Cell Phone #: _____

Vendor Email: _____

Please answer completely. A detailed application assists with the review process.

1. List all foods and beverages that will be served at the event. (including condiments)

2. When and where will food be purchased? _____

3. What time will the food be delivered and how will it be transported? _____

4. How will food be kept cold? (below 41F.)

- During transportation_____
- At the event site_____

5. How will food be kept hot? (above 135F.)

- During transportation_____
- At the event site_____

6. Indicate how foods will be prepared (check all that apply)

☐ Prepared at licensed facility (list facility)_____

☐ Prepared at the event_____

7. List where food will be stored prior to the event_____

8. How will handwashing stations be provided?_____

9. Location of food service worker toilet facility_____

10. Describe how utensils, cutting boards, etc. will be sanitized_____

11. Type of sanitizer _____

Test Strips ☐ Yes ☐ No

12. What will be done with leftovers? _____

13. Will there be a probe thermometer to take internal temperatures of food products? ☐ Yes ☐ No

14. Water supply (used for cooking and hand washing) ☐ Public Water ☐ Private Well

15. How will food items be protected from public exposure (sneezing, coughing, touching, etc.) and outdoor elements? _____

16. How will grease and/or wastewater be disposed of? _____

17. **Include a drawn layout of your food booth with this application** (Label all refrigerators, steam tables, stoves, grills, handwash stations, garbage cans, food storage areas, cleaning product storage, etc.)

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

Printed Name: _____

Signature: _____