



Promoting healthy communities

### FOOD VENDOR / CATERER APPLICATION

Please review and provide the requested information for your establishment. Incomplete or unpaid applications will delay your license. Any license issued pursuant to this application will be subject to applicable State and Ledge Light Health District Food Establishment Regulations. Licenses are not transferable.

Name of Operation: \_\_\_\_\_

Location Where Food is Prepared: \_\_\_\_\_

Phone Number of Operation: \_\_\_\_\_

Name of Legal Owner of Establishment: \_\_\_\_\_

Address for Legal Notices: \_\_\_\_\_

Type of Establishment (check all that apply):  Religious  School  Farmer  Retail/Grocery  Long Term Care  Day care  Franchise  High Risk (soup kitchen/homeless shelter, etc)  Municipal  N/A

Type of Vending Unit: \_\_\_\_\_ Equipped with Waste Water Holding Tanks:  Yes  No

Location Where Waste Water is Disposed: \_\_\_\_\_

Water Source:  Public  Well, if well provide recent water test

Location Where Potable Water is Obtained: \_\_\_\_\_

Vending Vehicle(s) Registration #: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Operational Period:

Year Round

Seasonal from \_\_\_\_\_ to \_\_\_\_\_

Class III and IV Only: Qualified Food Operator (QFO): \_\_\_\_\_

Designated Alternate QFO: \_\_\_\_\_

**(2-sided form)**



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**Ledge Light Health District Public Health Alerts**

The District frequently receives information from a variety of sources – including the State Department of Public Health and the Food and Drug Administration – that may pertain to food products you may be serving.

It is critical that we release this information to as many people as quickly as possible, in order to reduce the possibility of someone falling ill due to contaminated products.

So that we can ensure that the information gets to the appropriate person at your food service establishment in a timely fashion, please provide an email address that is checked on a daily basis by someone with knowledge of the food products your establishment sells.

If you do not have an email address, please contact Steve Mansfield at 860.448.4882, ext. 307 to discuss how we can get the information to you.

Email Address for Public Health Alerts: \_\_\_\_\_

Phone Number for 24-hour Emergency Contact: \_\_\_\_\_

**INCLUDE WITH YOUR COMPLETED APPLICATION:**

- Payment (Make checks payable to Ledge Light Health District. There is a \$25 charge for all returned checks.)
- Copy of Last Base Kitchen Inspection Report (must be an approved, licensed facility)
- Copy of Recent Water Test (for well water)

By signing, the applicant agrees the above information is accurate and agrees to comply with all aspects of the State of Connecticut and Ledge Light Health District Food Regulations. **This is not a permit; permits will be provided by mail and are require to be posted on the vending unit/catering unit.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Payment Type:  Check-Check Number: \_\_\_\_\_  Cash  Credit Card