BASE OF OPERATION DECLARATION FORM FOR ITINERANT FOOD VENDORS
Note: Form is for itinerant food vendors utilizing a base kitchen for food preparation, ware washing and storage services.

Name of Vending Operation: _____________________________________________________________________
Name of Legal Owner: _________________________     Phone # of Vending Operation: _____________________
Mailing Address of Vending Operation: _____________________________________________________________
Email Address of Owner: ____________________________________   Cell Phone: _________________________

The facility mentioned below at the following location is to be used as a base of operations to support the above itinerant food vending:
Name of Base Operation: _______________________________________________________________________
Name of Legal Owner of Base Operation: ___________________________   Cell Phone Number: _____________
Mailing Address of Base Operation: _______________________________________________________________
Email of Legal Owner: _______________________________    Emergency Contact Number: _________________
Name and Number of Pest Control Operator: _______________________________________________________

This kitchen/facility will be used for the following:
☐ Cooking or Reheating  ☐ Cooling  ☐ Cold Food Storage  ☐ Hot Holding  ☐ Dry Food/Supply Storage
☐ Ware Washing  ☐ Cold Food Preparation  ☐ Other: _______________________________________________

Water supply of Base kitchen: ☐ Public ☐ Private  Waste Disposal: ☐ Public ☐ Private
(** The water supply must be from an approved public water supply or other approved source.)

PLEASE NOTE: The Base of Operation facility must be licensed or inspected by the Local Health Department/District and/or the Connecticut Department of Consumer Protection and/or Connecticut Department of Agriculture in order to support your food service operation.
• If this facility is licensed/inspected as a food service establishment by a Local Health Department/District, please attach a copy of their current license and most recent inspection report.
• If this facility is licensed/inspected as a food establishment or processing facility by the Connecticut Department of Consumer Protection or Department of Agriculture, please attach a copy of their current license and most recent inspection report.
• If your base of operation changes, you must notify Ledge Light Health District.

Signature of Applicant: ____________________________________________   Date: _____________
Signature of Base Kitchen Operator: _________________________________    Date: _____________

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