

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: _____