

LEDGE LIGHT HEALTH DISTRICT APPLICATION FOR A TEMPORARY FOOD ESTABLISHMENT PERMIT

FEES: FOR-PROFIT VENDOR: \$55.00 NON-PROFIT VENDOR: \$25.00 (INCLUDE NON-PROFIT TAX CERTIFICATE) **LLHD**
LICENSED FOOD SERVICE ESTABLISHMENTS AND/OR SIMPLE SAMPLING - NO FEE REQUIRED
COTTAGE FOOD OPERATORS DO NOT NEED TO COMPLETE THIS APPLICATION
 *Please note: there is a separate application for Farmers Markets at www.llhd.org

If the application is received less than 5 days before the scheduled event, the fee will be doubled.
*******Applications received within one day of the scheduled event will not be accepted.*******

NAME OF EVENT & LOCATION: _____

EVENT DATE(S): _____ EVENT TIME(S): _____

TIME/DATE YOU WILL BE READY FOR INSPECTION: _____

NAME OF FOODSERVICE BUSINESS: _____ PHONE# _____

ADDRESS: _____ E-MAIL ADDRESS: _____

NAME OF APPLICANT: _____ PHONE# _____

BUSINESS ADDRESS (IF DIFFERENT): _____ E-MAIL ADDRESS: _____

DAY OF EVENT CONTACT NUMBER: (CELL PHONE NUMBER REQUIRED) _____

ARE YOU A LICENSED VENDOR THAT IS PART OF THE STATE OF CONNECTICUT VENDOR MOU? YES NO
 IF YES, PLEASE PROVIDE A COPY OF YOUR MOST RECENT HEALTH INSPECTION.

IS THE EVENT: INDOOR OUTDOOR

DESCRIPTION OF THE FOOD MENU: _____

REQUIREMENTS FOR OPERATING A TEMPORARY FOODSERVICE ESTABLISHMENT:
PLEASE COMPLETE IN FULL AND CHECK ALL THAT APPLY TO YOUR OPERATION

1. NAME OF CERTIFIED FOOD PROTECTION MANAGER (CFPM) (CLASS II, III & IV ONLY) _____
 (INCLUDE A COPY OF CFPM CERTIFICATE)
 SEE CT GENERAL STATUTES SEC. 19a-36m FOR EXEMPTIONS TO THIS REQUIREMENT

2. HOW WILL YOU ENSURE PROPER TEMPERATURE OF FOOD DURING OPERATION?
COLD FOODS AT 41°F OR BELOW: N/A ICE COOLERS WITH DRAINS (ONLY ALLOWED FOR EVENTS ≤ 4 HOURS)
 FREEZERS MECHANICAL REFRIGERATION DRY ICE OTHER: _____

HOT FOODS AT 135°F OR ABOVE: N/A STEAM TABLE CHAFFING DISH GRILL ELECTRIC ROASTER PAN
 CAMBRO/HEATING CABINET OTHER: _____

***IF THE EVENT FALLS ON A DAY WITH EXCESSIVE WIND OR WEATHER EVENTS, THE LLHD INSPECTOR RESERVES THE RIGHT TO REQUIRE ALTERNATE METHODS FOR FOOD TEMPERATURE PROTECTION.**

3. LOCATION FOOD PREPARED: ONSITE AT EVENT OFFSITE, IF SO, WHERE*? _____

***IF PREPARED OFFSITE, PROVIDE THE MOST RECENT INSPECTION OF THE LICENSED FOOD SERVICE ESTABLISHMENT WHERE THE FOOD IS PREPARED (HOME COOKED/HOME PREPARED FOODS ARE NOT ALLOWED, NO EXCEPTIONS)**

4. HOW WILL YOU MONITOR FOOD TEMPERATURES DURING THE EVENT?

AN ACCURATE AND CALIBRATED METAL-STEM THERMOMETER DIGITAL PROBE THERMOMETER

5. ALCOHOL WIPES AVAILABLE TO SANITIZE THERMOMETER PROBE:

YES NO (IF NO, HOW WILL YOU SANITIZE THE PROBE?) _____

6. A HAND WASHING SINK IS REQUIRED IF DISPENSING FOOD/BEVERAGES THAT ARE NOT PREPACKAGED. WHAT TYPE OF HAND WASHING SINK WILL YOU USE?

GRAVITY FLOW (CONTAINER WITH HANDS-FREE DISPENSING VALVE) PLUMBED SINK WITH HOT AND COLD RUNNING WATER TEMPORARY (NON-STATIONARY) HAND SINK WITH HOT AND COLD WATER

7. NO BARE-HAND CONTACT WITH FOOD IS ALLOWED. HOW WILL YOUR EMPLOYEES HANDLE FOOD? (CHECK ALL THAT APPLY)

GLOVES TONGS UTENSILS DELI TISSUE TOOTHPICKS/SWORDS OTHER: _____

8. WHAT TYPE OF SANITIZER WILL YOU USE TO SANITIZE FOOD-CONTACT SURFACES?

CHLORINE (FOOD-GRADE BLEACH) W/ TEST STIPS QUATERNARY AMONNIA W/ TEST STRIPS OTHER: _____

9. HOW WILL THE SERVICE UTENSILS, FOOD-CONTACT SURFACES, ETC. BE CLEANED AND SANITIZED?

3 BAY COMPARTMENT SINK/BUCKET SETUP COMMERCIAL DISH MACHINE

AND WHERE? ONSITE BASE KITCHEN

NOTE: EVENTS LONGER THAN 4 HOURS REQUIRE ONSITE SETUP FOR WASH, RINSE, AND SANITIZE, NO EXCEPTIONS

10. WATER SOURCE: TOWN/CITY WATER BOTTLED *PRIVATE WELL

***IF PRIVATE WELL, ATTACH POTABLE WATER TEST WITHIN THE TWELVE MONTHS IMMEDIATELY PRECEDING THE SCHEDULED EVENT.**

11. HOW WILL YOUR FOOD BE PROTECTED FROM HAZARDS?

INDIVIDUALLY PACKAGED FOODS ADEQUATE FOOD COVERS MOBILE UNIT OTHER _____

12. HOW WILL YOUR OPERATION BE PROTECTED?

TENT WITH WALLS OVERHEAD TENT MOBILE UNIT

By signing below, the applicant agrees the above information is accurate and agrees to comply with all aspects of the attached Temporary Foodservice Guidelines, including the checklist on page 9.

Please note that this is not a permit; permits will be issued by the assigned inspector at the Event.

Applicant Name: _____ Signature: _____ Date: _____

Office use only:

Date Received: _____ Date Paid: _____ Receipt # _____

Sanitarian Assigned: _____ Contact date with applicant: _____ Inspection Required: Yes No



