

**LEDGE LIGHT HEALTH DISTRICT
APPLICATION FOR CERTIFIED FARMERS MARKETS (FRONT & BACK)**

MARKET LOCATION: CITY OF GROTON TOWN OF GROTON LEDYARD LYME NEW LONDON NIAN TIC
 OLD LYME NORTH STONINGTON STONINGTON WATERFORD

FEES: FOR PROFIT VENDOR: \$55.00 NON-PROFIT VENDOR: \$25.00 (NON-PROFIT TAX CERTIFICATE REQUIRED)
LLHD LICENSED FOOD SERVICE ESTABLISHMENTS, FARMERS SELLING WHOLE PRODUCE AND SIMPLE SAMPLING - NO FEE REQUIRED
COTTAGE FOOD OPERATORS DO NOT NEED TO COMPLETE THIS APPLICATION

*****As of July 1, 2024*****

If the application is received less than 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

MARKET YEAR: 20__ __ *NEW APPLICATION REQUIRED EVERY YEAR

NAME OF APPLICANT: _____ PHONE# _____

ADDRESS: _____ E-MAIL ADDRESS: _____

NAME OF FOOD BUSINESS IF DIFFERENT: _____ PHONE# _____

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

LOCATION OF **FIRST** MARKET PARTICIPATING IN: _____

NAME AND PHONE NUMBER OF MARKET MASTER: _____

TIME/DATE YOU WILL BE READY FOR INSPECTION: _____

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

LIST THE FOODS/BEVERAGES THAT WILL BE PREPARED/SERVED/SOLD OR ATTACH COPY OF MENU:

FOODS THAT WILL BE PREPARED ONSITE: _____

FOODS THAT WILL BE PREPARED OFFSITE AND WHERE: _____

***IF PREPARED OFFSITE, PROVIDE THE MOST RECENT INSPECTION OF THE LICENSED FOOD SERVICE ESTABLISHMENT WHERE THE FOOD IS PREPARED (NO HOME COOKED/PREPARED FOODS)**

DO YOU PLAN TO SAMPLE YOUR PRODUCTS: YES NO *IF YES, LIST SAMPLED PRODUCT: _____

NAME OF PERSON IN CHARGE DURING OPERATION: _____

HAS THE PERSON IN CHARGE COMPLETED A FOOD SAFETY COURSE? YES NO *IF YES, ATTACH CERTIFICATE

By signing, the applicant agrees the above information is accurate and agrees to comply with all aspects of the attached Temporary Foodservice Establishment Guidelines, including the checklist on page 8. **This is not a permit; permits will be issued by the assigned inspector.** Make checks payable to: LEDGE LIGHT HEALTH DISTRICT OR ONLINE AT WWW.LLHD.ORG

CONTINUED ON BACK



CONTINUED FROM FRONT

REQUIREMENTS FOR TCS FOOD:

1. HOW WILL YOU ENSURE PROPER TEMPERATURE OF FOOD DURING OPERATION?

COLD FOODS AT 41°F OR BELOW: N/A ICE COOLERS WITH DRAINS FREEZERS MECHANICAL REFRIGERATION
 DRY ICE OTHER: _____

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

2. HOW WILL YOU MONITOR FOOD TEMPERATURE?

AN ACCURATE AND CALIBRATED METAL-STEM THERMOMETER DIGITAL PROBE THERMOMETER

3. ALCOHOL WIPES AVAILABLE TO SANITIZE THERMOMETER PROBE: YES NO

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

GAVITY FLOW (CONTAINER WITH HANDS-FREE DISPENSING VALVE) PLUMBED SINK WITH HOT AND COLD RUNNING WATER

5. NO BARE-HAND CONTACT WITH FOOD IS ALLOWED. HOW WILL YOUR EMPLOYEES HANDLE FOOD?

GLOVES TONGS UTENSILS DELI TISSUE TOOTHPICKS/SWORDS OTHER: _____

6. WHAT TYPE OF SANITIZER WILL YOU USE TO SANITIZE FOOD-CONTACT SURFACES:

CHLORINE (FOOD-GRADE BLEACH) W/ TEST STIPS QUATERNARY AMONIA W/ TEST STRIPS

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

3 BAY COMPARTMENT SINK COMMERCIAL DISH MACHINE
WHERE? ONSITE BASE KITCHEN

8. WATER SOURCE: TOWN/CITY WATER BOTTLED PRIVATE WELL

***IF PRIVATE WELL, ATTACH POTABLE WATER TEST FROM THE PREVIOUS 12 MONTHS**

Applicant Name: _____

Signature: _____

Date: _____

SKETCH OF FOOD BOOTH

SHOW THE FOLLOWING:

1. HAND WASHING (HW)
2. COOKING AREA
3. HOT HOLDING
4. COLD HOLDING (EVENTS >4 HOURS REQUIRE REFRIGERATION)
5. PREP AREA
6. DRY STORAGE
7. 3 BAY WARE WASHING
8. SERVICE AREA
9. WATER STORAGE
10. BOOTH COVER/SCREENS