



## Temporary Food Service License Application

Please return the application along with the fee to Uncas Health District a **minimum of two (2) weeks** before the event. It is necessary for the District to be able to schedule inspectors to work at night or on the weekend to inspect each of these events. Failure to return the application two (2) weeks prior to the event may result in the District not issuing a license for the event, in which case it may not be held.

1) Event Name: \_\_\_\_\_  
Event Location/Address: \_\_\_\_\_  
Date(s): \_\_\_\_\_ Time: \_\_\_\_\_  
Time available for inspection: \_\_\_\_\_

2) Name of Organization applying for license: \_\_\_\_\_  
Address: \_\_\_\_\_  
Responsible Person: \_\_\_\_\_

A valid copy of QFO Certificate attached  A valid copy of a Uncas Health District FAST class attached

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Day of event cell phone contact # (must be provided):** \_\_\_\_\_

3) List all items on the proposed menu including condiments & beverages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Where will the food be purchased? Identify the sources for each meat, poultry, seafood, and shellfish item. Include the source of the ice: \_\_\_\_\_  
\_\_\_\_\_

5) Will each of the food items be prepared on-site **or** at a different location prior to the event? If prior, please provide the name and address of the Commercial Food Establishment providing potentially hazardous food. **(Note: No potentially hazardous food may be prepared in a home kitchen. All preparation must be done on-site or in an approved, inspected kitchen):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) How will potentially hazardous foods be transported to the event, including how it will be kept hot and/or cold? For example: Coolers with ice, hot food carriers, refrigerated truck, etc. **(A metal stem thermometer is required to monitor temperatures):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) How will potentially hazardous foods be stored at the event, at the required temperatures? For example: Chaffing dishes, steam tables, refrigerator, etc. **(Cold foods must be held at or below 45°F, & hot foods at or above 140°F):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) Describe the hand washing facilities that will be available at the food service booth **(Each vendor must have their own hand washing station):** \_\_\_\_\_

9) Indicate the water source to be used for cooking, cleaning, and hand washing: \_\_\_\_\_

10) How will food service equipment (utensils, cutting boards, etc.) and surfaces be sanitized?: \_\_\_\_\_

**You will be issued a license upon approval of your application and, if required, an inspection of your booth. You will not be allowed to serve food without first obtaining a license from the Uncas Health District.**

**Commercial vendors based outside the Uncas Health District must submit a current inspection report from their local health department at least one week prior to the event.**

**The fee for this application:**

**COMMERCIAL FOOD VENDOR: Twenty-five (\$25.00) per each 1-2 day event  
Fifty (\$50.00) per each 3+ day event  
NON\_PROFIT FOOD VENDOR: Ten dollars (\$10.00) for 1-2 day events  
Twenty-five (\$25.00) per 3+ day events.**

**Agencies/Individuals providing a valid ServSafe certificate or Uncas Health District FAST class certificate are not subject to a temporary license fee (Farmers Markets excluded).**

**FARMERS MARKETS**

All food vendors who serve food or provide samples at a Farmers Market are subject to a fee (except certain certified farms that have already obtained a Farmers Market license within the State of Connecticut for the season).

An application and applicable fee is required for each Farmers Market. Participation in multiple markets within the District will require multiple applications and fees.

If you have any questions, please contact Uncas Health District, at 860-823-1189. Thank you.

I HAVE REVIEWED THE ATTACHED MATERIAL AND UNDERSTAND THAT I AM RESPONSIBLE FOR THE SAFETY OF THE FOOD SERVED AT THIS EVENT.

Signed: \_\_\_\_\_ Print: \_\_\_\_\_

Permit # \_\_\_\_\_

Date \_\_\_\_\_

Amount\* \_\_\_\_\_

Receipt # \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_

05/11

***\*\*\*Potentially hazardous food" includes an animal food (a food of animal origin) that is raw or heat-treated; a food of plant origin that is heat-treated or consists of raw seed sprouts; cut melons; and garlic-in-oil mixtures***