

It is necessary for the District to be able to schedule inspectors to work at night or weekends to inspect each of these events.

1) Event Name: \_\_\_\_\_

Event Location/Address: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

Time available for inspection: \_\_\_\_\_

2) Name of Organization applying for license: \_\_\_\_\_

Address: \_\_\_\_\_

Responsible Person: \_\_\_\_\_

☐ **Vendors For Profit - Certified Food Protection Manager (CFPM) Certificate attached**

☐ **Vendors Non-Profit - 501(c)(3) Certificate attached**

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

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

**[Please Print Email Address]**

**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, dairy, 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? Or 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 41°F, & hot foods at or above 135°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 the application and an inspection on the day of the event.  
You will not be allowed to serve food without first obtaining a license from the Uncas Health District.

**Application fee:**

<b>Vendors Non-Profit:</b>	<b>1 Day</b>	<b>2+ Days</b>
501(c)(3) Certificate	<b>\$25.00</b>	<b>\$50.00</b>
<b>Vendors For Profit:</b>	<b>1 Day</b>	<b>2+ Days</b>
Certified Food Protection Manager Certificate	<b>\$75.00</b>	<b>\$150.00</b>
<b>Application Submitted Less than 14 Days and Greater than 5 Business Days in Advance of the Event</b>		<b>Double Fee</b>
<b>Application Submitted within 5 Business Days of the Event</b>		<b>No Permit Will Be Issued</b>

**COMMERCIAL VENDORS:**

All commercial vendors based outside the Uncas Health District must submit a valid health department license, current inspection report and Certified Food Protection Manager Certificate.

**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 are required for **EACH** Farmers Market. Participation in multiple markets within the District will require multiple applications and fees. Please refer to the application fees above.

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

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*"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; cut tomatoes; and garlic-in-oil mixtures*

*For District Use:*

Amount Due	_____	Fee Paid	_____
<input type="checkbox"/> Cash	_____	Date	_____
<input type="checkbox"/> Credit Card	_____	Receipt #	_____
<input type="checkbox"/> Check #	_____	Invoice #	_____

