

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

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

Event Coordinator: \_\_\_\_\_

Event Coordinator Telephone #: \_\_\_\_\_

Event Coordinator Email: \_\_\_\_\_  
*[Please Print Email Address]*

Event Date(s): \_\_\_\_\_ Time of Event: Open / Close

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

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

Organization Base Kitchen Address: \_\_\_\_\_  
*[City] [State]*

**MOU (submit copy of health department license with application)**

License Plate # \_\_\_\_\_

**CT DCP Bakery License (submit copy with application)**

**CT DCP Cottage Food License (submit copy with application)**

**Vendors Non-Profit - 501(c) Certificate (submit copy with application)**

**Vendors For Profit - Certified Food Protection Manager (CFPM) Certificate (submit copy with application)**

**Commercial Vendors based outside the Uncas Health District and not a part of the MOU (submit a valid health department license, current inspection report and Certified Food Protection Manager Certificate with the application)**

License Plate # \_\_\_\_\_

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

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 time/temperature control for safety foods. **(Note: No time/temperature control for safety foods may be prepared in a home kitchen. All preparation must be done on-site or in an approved, inspected kitchen):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 6) How will time/temperature control for safety 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 time/temperature control for safety 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? \_\_\_\_\_

**Application fee:**

<b>Vendors Non-Profit:</b>	<b>1 Day</b>	<b>2+ Days</b>
501(c) 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>	

**Farmers Markets**

All food vendors who serve food or provide samples at a Farmers Market are required to submit an application and applicable fee for **EACH** Farmers Market within the District (except certain certified farms that have already obtained a Farmers Market license within the State of Connecticut for the season).

**You will be issued a license upon approval of the application and/or an inspection on the day of the event.**

**Submittal of the application is not complete until payment is also received within the required 14 days and greater than 5 business days in advance of the event, or a late fee will be automatically assessed.**

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

*"Time/temperature control for safety food" means a FOOD that requires time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation. TCS food includes: an animal FOOD that is raw or heat-treated; a plant FOOD that is heat-treated or consists of raw seed sprouts, cut melons, cut leafy greens, cut tomatoes or mixtures of cut tomatoes that are not modified in a way so that they are unable to support pathogenic microorganism growth or toxin formation, or garlic-in-oil mixtures that are not modified in a way so that they are unable to support pathogenic microorganism growth or toxin formation.*

*For District Use Only:*

Cash       Credit Card      Amount Due \_\_\_\_\_      Invoice # \_\_\_\_\_

Check      \_\_\_\_\_      Amount Paid \_\_\_\_\_      Receipt # \_\_\_\_\_

