



CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Environmental Health Division
131 Coventry Street
Hartford, Connecticut 06112



EDDIE A. PEREZ
Mayor

Telephone: (860) 543-8816
Fax: (860) 543-8898
www.hartford.gov

CARLOS RIVERA
Director

VENDOR TEMPORARY FOOD LICENSE APPLICATION (FOR TEMPORARY FOOD EVENT)

The VENDOR of each temporary food event must complete this application with remittance of \$50.00 (CERTIFIED CHECK OR MONEY ORDER ONLY) and must be filed (10) days prior to the opening event. This application and \$50.00 must be submitted to the Department of Health and Human Services, 131 Coventry Street, Hartford, CT 06112.

This application is not a license. Temporary food permits will not exceed a period of 1 to 5 days.

Today's Date _____

Name of Event _____

Date of Event _____

Time of Event _____

Location of Event _____

Event Coordinator _____

Event Coordinator Mailing Address _____

Event Coordinator Phone # _____

Event Coordinator E-Mail Address _____

Event Coordinator Phone # (cell, work & home) _____

Name of Applicant _____

Name of Applicants Business (please indicate if mobile vendor) _____

Applicants Address _____

Applicants E-Mail Address _____

Applicants Phone # (cell, work & home) _____

Set up time _____

Please provide the following: (If any of the following does not apply to you put N/A)

1. List **all** food and beverage items to be prepared and served (menu). Attach a separate sheet if necessary.

NOTE: Any changes to the menu must be submitted to the Environmental Health Division 10 days prior to the event.

2. Describe specifically how frozen, cold and hot foods will be transported to the event.

3. List all places (name & address) where meats, poultry, seafood, shellfish, and ice will be purchased.

4. List names, phone numbers, addresses, and shifts to be worked by all employees. See attachment #1.

5. Use attachment #2 in this packet to sketch a drawing showing the event area and where your operation will be.
6. Describe the number, location and set up of handwashing facilities to be used by employees.
7. Describe how and where utensil/equipment washing will take place. If no facilities are available, describe how alternate steps will be taken.
8. Describe how wastewater will be collected, stored and disposed.
9. Describe the number and location of garbage containers.
10. Describe what heat source will be used to keep hot foods hot (140 degrees and above).
11. Describe how cold foods will be kept cold (45 degrees and below).
12. Describe how food temperatures are monitored, cleaned and sanitized.
13. Will foods be prepared on site? If no, where will foods be purchased? (Enclose copy of food license)

NAME OF EMPLOYEE

PHONE #

ADDRESS

SHIFT

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

- 18.
- 19.
- 20.

ATTACHMENT #2

CHECKLIST FOR FOOD BOOTH/VENDOR OPERATORS

- _____ Metal probe thermometer (0 – 220 degrees F range)
- _____ Thermometers for all refrigerators
- _____ Coolers and ice packs (if ice is to be used for cooling of foods, where is water to be drained)
- _____ Equipment for PHF hot holding and transferring.
- _____ Plastic wrap/Aluminum foil
- _____ Extra utensils: tongs, spatulas, spoons, and knives
- _____ Water source
- _____ Buckets/tubs for washing, rinsing, sanitizing food equipment
- _____ Bleach for sanitizing, test strips for checking
- _____ Waste water disposal container
- _____ Container(s) for grease collection
- _____ Clean wiping cloths and a container to store them in
- _____ Garbage containers and plastic bags
- _____ Hats/hair restraints and clean wear
- _____ Crates, shelves to store food off of the ground
- _____ Gloves for food handling
- _____ Hand washing station

_____ ALL FOOD CONTAINERS or service item containers stored off floor