



Connecticut River Area Health District
455 Boston Post Rd. Suite 7
Old Saybrook, CT 06475

Office Use:

Old Saybrook, Clinton, Deep River, Haddam, Chester, Killingworth, Durham

Fees: \$50.00 single day - \$100.00 2 or more days

PAY: CHECK CASH or CARD →



APPLICATION FOR TEMPORARY FOOD SERVICE EVENT LICENSE

Event Name: _____ Vendor Name: _____

Event Date(s) and Time(s): _____

Setup Date(s) and Time(s): _____

Name: _____ Phone: _____ Email: _____

List all foods and beverages to be served (or attach menu): _____

Where will food be prepared and stored before the event: _____

Describe hand-washing equipment or facilities: _____

How will equipment and surfaces be sanitized: _____

How will food be kept hot and/or cold: _____

A site inspection may be conducted by district sanitarians to determine compliance with food safety standards. The applicant agrees to make any corrections deemed necessary by the sanitarians for compliance. The undersigned also agrees to maintain safe food temperatures, appropriate worker hygiene, and safe food handling practices throughout the operation to minimize the risk of food-borne illness.

I AM RESPONSIBLE FOR THE SAFETY OF THE FOOD SERVED AT THIS EVENT.

Signed _____ Print _____ Date _____

SKETCH OR ATTACH LAYOUT