



Connecticut River Area Health District  
455 Boston Post Rd. Suite 7  
Old Saybrook, CT 06475  
Phone 860-661-3300 Web: www.crahd.info

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

**APPLICATION FOR TEMPORARY FOOD SERVICE EVENT LICENSE**

Event Name:

Vendor/Booth Name:

Date and Time of Event:

Setup Dates and Time:

Location of Event:

Town:

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

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

Please provide the following:

1. List all foods and beverages that will be served, including condiments.

\_\_\_\_\_  
\_\_\_\_\_

2. Where will the food be prepared and stored before the event? Please provide the name and address of the Commercial Food Service Establishment providing potentially hazardous food.

\_\_\_\_\_  
\_\_\_\_\_

3. How will potentially hazardous foods be transported, including how it will be kept hot and/or cold?

\_\_\_\_\_  
\_\_\_\_\_

4. Describe hand-washing equipment or facility:

\_\_\_\_\_

5. Location of employee restroom facility:

\_\_\_\_\_

6. How will food service equipment (utensils, cutting boards, etc) and surfaces be sanitized?

\_\_\_\_\_

7. What is the water source for this event?

\_\_\_\_\_

**AGREEMENT**

This license is issued under authority of Section 4 of the CRAHD Food Service Ordinance and is based on compliance with the Connecticut Public Health Code section 19-13-B42. A site inspection may be conducted by District Sanitarians to determine compliance. The licensee agrees to make any corrections deemed necessary by the sanitarians for compliance with the above-referenced code.

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

Signed \_\_\_\_\_ Date\_\_\_\_\_

Print\_\_\_\_\_

**Draw and provide a sketch showing the layout of food preparation, cooking and serving areas and hand-washing station.**

Office use only.....

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fee: \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit/Debit \_\_\_\_\_