



Connecticut River Area Health District

455 Boston Post Road, Suite 7
Old Saybrook, CT 06475

Phone: 860-661-3300 Web: www.crahd.info

CHILI FEST APPLICATION 2026

Sponsoring Company/Chef _____

Contact name _____ Phone # _____

Chili Name _____

Tasting Location _____

Where will chili be prepared: _____

Address: _____ Town: _____

(Chili must be prepared in a commercial licensed kitchen. No in home preparation.
(Chili ingredients must be from an approved source)

Chili made prior to the event should be broken down into small batches and cooled in a refrigerator. DO NOT TRY TO COOL LARGE BATCHES tip: place cooked chili in an ice bath mixture in the sink to expedite cooling prior to refrigeration or use cooling wands.

Chili needs to be re-heated to a minimum of 165 degrees F.

Hot holding of chili needs to be maintained at a minimum of 140 degrees F.

HAVE A SUPER CHILI FEST!!!!!!!!!!!!!!!!!!!!!!

Applicant Name Print: _____

Date: _____

Signature: _____

Application must be received at the Health District at least 5 days prior to the event. There is **NO CHARGE**. You may mail the form, drop off or email to: crahdoffice@crahd.net