Connecticut River Area Health District (CRAHD)

Old Saybrook Clinton Deep River Haddam Chester Killingworth Durham

APPLICATION FOR TEMPORARY FOOD SERVICE EVENT

Durham Fair 2025

Vendor/Booth Name: _____

Person Responsible: First Name: _____Last Name:_____

Address:_____Town_____State_____

Cell #: (_____) _____

Email: _____

List all Food & Beverages to be served:

_____

_____

_____

_____

AGREEMENT

The undersigned agrees in accordance with the FDA Model Food Code to maintain safe food temperatures, appropriate worker hygiene, and safe food handling practices throughout the event to minimize the risk of food-borne illness. In addition, I assume all responsibility for my employees/volunteers working at the event.

Print Name:_____

Signature:_____ Date:_____

Fee $50.00 (Cash) (Check: Payable to CRAHD) (Credit Card)

Option 1: Complete form & mail or drop off with check: (CRAHD Office)
Option 2: Complete form & drop of with cash: (CRAHD Office)
Option 3: Complete form & scan and email form to: crahdoffice@crahd.net
Pay Online: Scan QR Code:

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

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