



Temporary Food Service Licensing Procedure

1. Obtain a permit application and a copy of the guidelines for food service at temporary events from Naugatuck Valley Health District. **All persons working at the event must read the guideline document.**
2. Return the completed application to Naugatuck Valley Health District at least **7 days** prior to event. Late applications are subject to additional fees.
3. The Naugatuck Valley Health District will review the application with the **person in charge of food service** over the phone or in the office before approval.
4. The approved permit can be picked up or mailed. The permit must be posted at the event.

Permit fees are as follows:

1 day event	\$50
Each additional day	\$10

\$ 30 Late Fee if not submitted at least 7 days prior to event

Temporary Food Service Application
Naugatuck Valley Health District
98 Bank Street
Seymour, CT 06483
(203) 881-3255 and (203) 881-3259 FAX
NVHD.org

This application must be submitted to the Health Department at least 7 days prior to event

Name and Location of Event _____

Date/Time of Event _____

Name of person in charge (cooking) at this Event _____

Address _____ Phone (day) _____ (evening) _____

Will all foods be prepared at the temporary food service booth? Y or N

If no, provide name and address of **licensed kitchen** _____

***Include a copy of the current food service license if kitchen is not licensed by NVHD**

NO HOME COOKED FOODS OR FOODS PREPARED IN AN UNAPPROVED FACILITY ARE PERMITTED

Will there be a Qualified Food Operator (QFO) present at the food booth? Y or N

Name _____ Date of Exam _____

List all foods to be served at this Event

1. Food _____ Preparation needed _____

If hot food indicate the final internal temperature _____ °F

2. Food _____ Preparation needed _____

If hot food indicate the final internal temperature _____ °F

3. Food _____ Preparation needed _____

If hot food indicate the final internal temperature _____ °F

4. Food _____ Preparation needed _____

If hot food indicate the final internal temperature _____ °F

5. Food _____ Preparation needed _____

If hot food indicate the final internal temperature _____ °F

6. Food _____ Preparation needed _____

If hot food indicate the final internal temperature _____ °F

List all beverages and desserts

Where and when will food be purchased? _____

Where will foods be stored prior to event? _____

Will any foods be prepared prior to event Y or N

If yes, how will foods be cooled? _____

How will foods be reheated? _____ and to what temperature _____ °F?

When and how will foods be delivered to event? _____

How will foods be kept cold (below 45 °F)? _____

How will foods be kept hot (above 140 °F)? _____

Will any food be thawed? Y or N If yes, how and when will items be thawed? _____

Will there be a probe thermometer present to take internal temperatures of foods? Y or N

Explain how food workers will limit bare hand contact with foods _____

Describe in detail the hand washing facility inside food booth _____

Describe how you will sanitize utensils, etc in your food booth _____

Do you have test strips to verify the sanitizer? Y or N Concentration level required _____ (parts per million)

If food booth is outside, what will be used for overhead protection? _____

Requirements for temporary food service operation:

- A logbook showing the name, phone number, date and time worked must be signed by all food handlers for each day of event.
- All events must have hand washing facilities or a hand washing station equipped with soap and paper towels.
- A probe thermometer able to read from 0 °F to 220 °F.
- Hair restraints such as hairnet or baseball caps.
- Foods must be stored in **food grade** containers, kept covered and off the floor/ground.
- Ill workers are not allowed to work at the event.
- No smoking or eating is allowed in food booth.
- All foods and beverages (including ice) must be from an approved source.
- An approved sanitizing solution must be provided.

I certify that I have received and reviewed the Guidelines for Food Service at Temporary Events of the Naugatuck Valley Health District. I certify that the above described establishment will be operated and maintained in accordance with these Guidelines and the Public Health Code of the State of Connecticut.

Signature _____ Date _____

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For office use only

Application Date _____ Fee Paid _____ Receipt No. _____

Date Issued _____ Approved by _____

Pick-up Permit ____/____/____ or Mail Permit to _____