



Naugatuck Valley Health District
 98 Bank Street, Seymour, CT 06483
 Telephone: (203) 881-3255
 Website: www.nvhd.org

Faxed or emailed applications will not be accepted

Application Requirements for a Temporary Food Event

Temporary Food Event License Application for the Naugatuck Valley Health District (NVHD), the following is required:

- Read the *Guidelines for Food Service at Temporary Events* and keep for reference.
- The application must be completed in its entirety and submitted to the Health District at least 7 days prior to an event. An application must be completed by each food booth operator.

Permit fees must be submitted with the application:

1 day event with potentially hazardous foods.... \$75.00
 Each additional day.....\$10.00
 1 day event with non-potentially hazardous foods may qualify for
 a reduced fee (call for details).

***Late fees**

If not submitted 7 business days prior to the event.....\$20.00
 If not submitted 2 business days prior to the event.....\$50.00

(no late fee waivers will be granted)

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
NVHD RESERVES THE RIGHT TO REJECT AN APPLICATION
WITHOUT REVIEW IF IT IS RECEIVED LESS THAN 2 (TWO) BUSINESS
DAYS PRIOR THE EVENT.

- If the source of potable water supply is a private well you **must** submit water test results within the last 6 months.
- Out -of -town vendors/caterers will be required to submit a valid food service license issued by their local health department and a copy of a recent food service inspection.
- Should you be using the facilities of another licensed food service establishment to prepare food, a **letter of authorization from the owner** must be submitted stating you have authorization to do so.

It is the responsibility of the food event coordinator/booth operator to notify the Naugatuck Valley Health District of any changes that are made to your operation (menu, floor plan, etc.) 5 days prior to the event.

Thank you in advance for your cooperation with our Temporary Event License procedure.

Please do not hesitate to call with any questions (203) 881-3255. *Our hours of operation are: Monday- Friday 8:30am- 4:00pm*



Temporary Food Event License Application
Naugatuck Valley Health District
 98 Bank Street Seymour, CT 06483
 Telephone: (203) 881-3255 Fax: (203)881-3259

Event Name _____ Location _____
 Event Date(s) _____ Time(s) _____

Event Coordinator _____

Phone # _____ Email _____

Business Name: _____ Food Operator(s) _____

Street Address _____ Town _____ Zip _____ Phone# _____

Menu Items

Reminder: No home cooked foods or foods prepared in an unapproved facility are permitted.

Food Item Includes beverages, desserts, salads, ice etc.	How Served		Food Source	Preparation List all steps and final internal temperature
	Hot	Cold		
Example: Grilled chicken	X		Stop & Shop Bpt. Ave, Shelton	Marinate chicken in refrigerator, grill to 165F at event
Example: cupcakes	N/A		Stop & Shop Bpt. Ave, Shelton	Pre-made

Type of potable water supply

At event: On-site Well Public Water Bottled water **only**
 Facility where food is prepared: On-site Well Public Water Bottled Water **only**

If an on-site well, you must submit the results of the most recent water test

1. Will food be purchased the day of the event? Yes No
 If yes, maintain the receipts and bring to the event for reference.
 If no, where will food be stored prior to the event?
 *Name of Establishment: _____
 Address: _____
Include a copy of the current food service license for establishment if not licensed by NVHD
2. Food Items being delivered/catered
 When will food(s) be delivered? _____
 How will food(s) temperatures be maintained in transport? _____
3. Will any foods be prepared prior to the event? Yes No
 If yes, how will food(s) be cooled? _____
 How will food(s) be reheated at event to 165 F or above? _____
4. Where will food(s) be stored at the event? Trailer Pallets Tables
(all food must be kept off the ground/floor)
5. How will cold potentially hazardous food(s) be kept below 41 F?
 Refrigerator Cooler (with well-drained ice) Other _____
6. How will hot potentially hazardous food(s) be kept above 135 F?
 Steam Table Propane Electric Warmer Other _____
7. Will probe thermometer be available to take internal temperatures of food? Yes No
8. How will food(s) be protected from flies, dust and other sources of contamination?
 Individually Wrapped Single Service packages Kept covered
 If food booth is outside, will there be overhead protection (such as a tent)? Yes No
9. How will food workers limit bare hand contact with food? Non-latex gloves Utensils
10. Will a hand washing station be set-up in the food booth? Yes No
 (to include water, soap, paper towels and a bucket for run off)
11. Food workers will wear Hats Hairnets Other _____
 (Beard nets will be required if applicable)
12. Type of sanitizer used Bleach Quaternary Ammonia
 Do you have test strips to verify sanitizer concentration? Yes No
(Bleach/water solution 50-100ppm, Quaternary Solution 200ppm)
13. Toilet facilities: Restroom on site Portable toilets
14. Covered non-absorbent trash receptacles will be accessible? Yes No

Sketch Sheet: In the space provided please draw the layout of the Temporary Food Event depicting the location of your food booth or kitchen area & customer service. Identify hand washing facilities, restrooms, dishwashing facilities, garbage disposal, food prep tables, food storage, cooking equipment, hot and cold holding equipment, tables, etc. If applicable, also note location of outdoor grills and tents. Use a separate sheet if necessary.

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 food event/booth will be operated and maintained in accordance with said Guidelines and the **State of Connecticut Public Health Code 19-13-B42** as applicable to my operation. I fully understand that any deviation from the above application may nullify final approval and/or may result in closure of the food booth or food event.

Signature of Event Operator/Coordinator

Date

Name Printed

This Section for Office Use Only

Application Date: ____/____/____

Fee Paid: \$_____ Cash Check Charge

Receipt #: _____

Late Fee: Y N \$ _____

Check #: _____

Date Issued: ____/____/____

Pick up

Hand Deliver

Mail to: _____

Approved By:

Signature

