

## Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483 T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org

## SEASONAL FOOD SERVICE APPLICATION (90 days) Fee \$150.00

<u>\*Late fees</u> If not submitted 7 business days prior to the first event \$20.00 If not submitted 2 business days prior to the first event \$50.00

Organization/Applicant:		
Contact Person:		
Address:		
Phone: (Day)	(Evening)	
Location of Operation:		
Dates of Operation (may no	t exceed 90 calendar days):	
List all foods to be served:		
preparation/ ALL FOODS MUST BE	FO/CFPM license and a copy of licensed /cooking/storage as well as the last routin PREPARED IN THE LICENSED FACE REPARED IN AN UNAPPROVED FA	e inspection (if applicable).  CILITY. NO HOME COOKED FOODS
	BY MAKING APPLICATION I AGREE TO ALLO ABLISHMENT BY NVHD PERSONNEL FOR INS	
LI	CENSE IS NOT TRANSFERABLE BETWEEN PE	ERSONS OR PLACES
	LICENSE FEES ARE NON-REFUND	ABLE
Applicant Signature:		Date:
	For office use only	
Application Date:	Fee Paid:	Receipt No.:

## Menu Items

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

Food Item Includes		How Served		Food Source	Preparation
beverag	es, desserts,	Hot	Cold		List all steps and final internal
salads, i	ce etc.				temperature
Exam	<b>ple:</b> Grilled	X		Stop & Shop Bpt. Ave, Shelton	Marinate chicken in refrigerator, grill to 165F at event
Exam	ple: cupcakes	N/A		Stop & Shop Bpt. Ave, Shelton	Pre-made
At event:	potable water s  On-site Well where food is pre-	□ Pu pared: □ C		l 🗆 Pub	tled water <i>only</i> blic Water □Bottled Water <i>only</i>
	I	f an on-site v	vell, you mu	ist submit the results of	the most recent water test
If If *	f no, where will f Name of Establi ddress:	e receipts a ood be stor shment:	and bring to red prior to	o the event for reference the event?	
	*Includ	le a copy of t	he current f	food service license for e	establishment if not licensed by NVHD*
	ood Items being When will food(s) Jow will food(s)			tained in transport?	
3. W	Will any foods be Tyes, how will fo	prepared pod(s) be co	rior to the	event?□ Yes	□No
	Where will food(s			nt?  Trailer/Truck	□ Pallets □ Tables

5		How will cold potentially hazardous food(s) be kept below 41 F?  Refrigerator	
6		How will hot potentially hazardous food(s) be kept above 135 F?  ☐ Steam Table ☐ Propane ☐ Electric Warmer ☐ Other	
7	<sup>7</sup> .	Will probe thermometer be available to take internal temperatures of food? $\square$ Yes $\square$ 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	
1	0.	Will a hand washing station be set-up or is a handsink available on the truck/trailer ? $\square$ Yes (to include water, soap, paper towels and a bucket for run off)	□ No
1	1.	Food workers will wear   Hats   Geard nets will be required if applicable)	
1		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)	
1	3.	Toilet facilities: ☐ Restroom on site ☐ Portable toilets	
1	4.	Covered non-absorbent trash receptacles will be accessible? ☐ Yes ☐ No	
custo	me	<b>Sheet</b> : In the space provided please draw or attach a the layout depicting the location of your kitchen area & er service. Identify handwashing facilities, restrooms, dishwashing facilities, garbage disposal, food prep tables, orage, cooking equipment, hot/cold holding equipment, tables, etc.	