



Naugatuck Valley Health District

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

PLAN REVIEW APPLICATION FOR ITINERANT FOOD VENDOR

Fee: \$100 to be submitted with this application, floor plan, proposed menu and Certified Food Protection Manager (if applicable). To help insure a timely review process, please read the Naugatuck Valley Health District Itinerant Food Vendor Guidelines.

Name of Business Owner: _____ Name of Business _____

Address: _____ Town/City: _____

Phone: _____ Truck license plate #: _____

Type of vendor: Towed/Push cart: _____ Self-contained Mobile kitchen (truck): _____

Water source: Public water: _____ well water: _____

Where and how will grease be disposed? (If applicable) _____

Where will food be prepared and cook? On Cart or Truck _____ Licensed Food Establishment _____

Food cooked or prepared at a licensed food establishment, provide the following information:

Name of the establishment: _____ Address: _____

Telephone number: _____ Owner's Name: _____

Submit a valid food service license issued by their local health department and a copy of a recent food service inspection. A **letter of authorization from the owner** must be submitted stating you have authorization to use establishment.

Please contact the Police Department for a vendor's permit in the town/city where the cart will be located. A copy of the vendor's permit must be included with this application. Town/City Hall sign off and approval is required.

SIGNATURE OF APPLICANT: _____ Date: ____/____/____

For office use only

DATE PLANS RECEIVED: ____/____/____ PLANS REVIEWED BY: _____ PLAN APPROVAL DATE: ____/____/____

Class: _____ Fee paid: _____ Receipt # _____

Ansonia ○

Beacon Falls ○

Derby



Naugatuck ○

Seymour ○

Shelton