



Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483

T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org

Ansonia Beacon Falls Derby Naugatuck Seymour Shelton

***Applications must be complete and submitted with payment to NVHD at least 14 days before the event.**

Public Health
Prevent. Promote. Protect.

Application for Temporary Food Event Permit

<p>Permit Fees: All fees are non-refundable</p> <p>1 day event with TCS foods.....\$75.00</p> <p>Class 2, 3, 4: <i>Time/Temperature for Safety foods examples: meats, eggs, fish</i></p> <p>1 day event with non-TCS food.....\$30.00</p> <p>Class 1: <i>Non-Time/Temperature for Safety foods examples: popcorn, cotton candy, cookies, lemonade</i></p> <p>Each additional day.....\$10.00</p>	<p>A LATE FEE will be applied if the application is not received:</p> <p>7 business days before the event.....\$20.00</p> <p>2 business days before the event..... \$50.00</p> <p>No late fee waivers will be granted.</p>
--	--

You may submit an application in-person, by mail or email. Email to NVHDEH@nvhd.org.

Applications will not be processed or reviewed by staff until payment is received.

We accept cash, checks payable to NVHD and credit card by calling (203) 881-3255 x 0.

NVHD RESERVES THE RIGHT TO REFUSE INCOMPLETE APPLICATIONS AND/OR APPLICATIONS RECEIVED TWO BUSINESS DAYS BEFORE THE EVENT.

Event Information: NAME OF THE EVENT: _____

Location & Town: _____ Date(s): _____ Time(s): _____

Event Coordinator Name: _____ Phone: _____ E-mail: _____

Permit Holder/Person in Charge Information:

Name: _____ Phone: _____ E-mail: _____

Certified Food Protection Manager (CFPM): _____ Expiration Date: _____

Class 2, 3, 4 food establishments and both profit/non-profit organizations are required to have a CFPM onsite. Please submit a copy of the certification with your application. Vendors will not be allowed to operate without fulfilling this requirement.

Vendor Information (booth, truck, trailer, etc.):

Name: _____ Address: _____
City State Zip Code

Type of Vendor: Food Booth with Overhead Protection (Must be Fire Rated) Concession Trailer/Truck

Power Source: Temporary Electrical Connection Permanent Electrical Connection
 Portable Generator Other: _____

Where will food be purchased? _____ (keep receipts & bring to event for reference)

Will food be purchased on the day of the event? Yes *No

*If no, attach a copy of the current Food Service Establishment (FSE) license and most recent inspection report to this application. If you are granted permission from a licensed FSE for the use of their kitchen, you must also attach a letter of authorization from the FSE owner for the use of their licensed kitchen.

Name of FSE used for Food Storage: _____ Address: _____

Sketch Sheet: In the space provided please draw the layout of the food booth, truck. Identify hand wash sinks, warewashing facilities, restrooms, garbage disposal, food prep tables, cooking equipment, hot and cold holding equipment, tables, etc. If applicable, also note the location of outdoor grills and tents. Use a separate sheet if necessary.

As the permit holder, I certify that I have received and reviewed Naugatuck Valley Health District's **Food Safety Guidelines for Temporary Events Brochure** and the above-described food event/vendor will be operated and maintained in accordance with said Guidelines, the **State of Connecticut Public Health Code, and the Food & Drug Administration Food Code**, as applicable to my operation. I fully understand that any deviation from the above application may result in the closure of the food vendor.

I am required to have the items listed below on-site during the event:

- | | | |
|--|--|--|
| <input type="checkbox"/> Sanitizer Solution (Chlorine or Quat) | <input type="checkbox"/> Non-Latex Gloves | <input type="checkbox"/> Datemarked Food Items |
| <input type="checkbox"/> Chemical Test Strips (for sanitizing solution) | <input type="checkbox"/> Extra Cooking/dispensing utensils | <input type="checkbox"/> Allergen Statement Posted |
| <input type="checkbox"/> Digital thin probe thermometer | <input type="checkbox"/> Adequate supply of potable water | <input type="checkbox"/> Consumer Advisory (if applicable) |
| <input type="checkbox"/> Alcohol Swabs (to sanitize thermometer) | <input type="checkbox"/> Thermometers inside all units | <input type="checkbox"/> Form 1-B |
| <input type="checkbox"/> Hair Restraints(hats, hairnets, beard nets, etc.) | <input type="checkbox"/> Food Container Labels | <input type="checkbox"/> Vomit & Diarrhea Clean Up Plan |

I have attached copies of the required documentation:

- CFPM Certificate
- Base of Operation license & most recent inspection report for licensed establishment used **AND** if applicable, a letter of authorization from an establishment owner for the use of their licensed kitchen.

Signature of Permit Holder

Name Printed

Date

This Section for Office Use Only Date Payment Received: _____ Total Fee Paid: \$ _____

Payment Type: Cash Credit Card Check Receipt #: _____

Date Reviewed: _____ Approved By: _____ Delivery Method: _____