



Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483

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Ansonia Beacon Falls Derby Naugatuck Seymour Shelton

Public Health
Prevent. Promote. Protect.

APPLICATION FOR SEASONAL FOOD SERVICE PERMIT (90 days)

Permit Fees: All fees are non-refundable.

Seasonal Food Service Permit (90 days).....**\$150.00**

*Application & fees must be submitted to NVHD at least **14 days** prior to the start of operation and **an inspection must be conducted before a permit is issued.**

A LATE FEE will be applied if the application is not received:

7 business days before start of operation.....**\$20.00**

2 business days before start of operation..... **\$50.00**

No late fee waivers will be granted.

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 START OF OPERATION.

Permit Holder Information:

Name: _____ Phone: _____ E-mail: _____

Permit Holder's Address: _____
Street City State Zip Code

Vendor Information (truck, trailer, etc.):

Vendor Name: _____ Location of Operation: _____

Dates of Operation (not to exceed 90 days): _____

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: _____

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.

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

Will food be purchased each day of operation? ☐ Yes ☐ *No

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

Name of FSE used for Food Storage: _____ Address: _____
Street City State Zip Code

Menu Items

All food must be prepared in the licensed facility.

Home cooked foods or foods prepared in an unapproved facility are **NOT** permitted.

Food Item	Hot	Cold	List all preparation steps and final internal temperature	Cooking & Reheating Methods
Example: Grilled chicken	X		Marinate chicken in refrigerator, grill to 165F at event	Gas Grill

Approved Food Source(s): (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Meat and Poultry- USDA or CT Dept. of Ag Approved | <input type="checkbox"/> Dairy/Eggs- USDA or CT Dept. of Ag Approved |
| <input type="checkbox"/> Fish- Commercially Caught | <input type="checkbox"/> Shellfish- FDA Approved- Shellfish Shippers Tags |

On-Site Control Methods: (Check all that apply)

Hot Holding	Cold Holding	Transport	Food Protection:
<input type="checkbox"/> Electric Steam Table <input type="checkbox"/> Electric Warmer/Cabinet <input type="checkbox"/> Gas Grill <input type="checkbox"/> Stove/Oven <input type="checkbox"/> Other: _____	<input type="checkbox"/> Refrigerators <input type="checkbox"/> Freezer Chest <input type="checkbox"/> Refrigerated Truck <input type="checkbox"/> Other: _____	<input type="checkbox"/> Mobile Refrigeration <input type="checkbox"/> Other: _____	<input type="checkbox"/> Individually Wrapped <input type="checkbox"/> Single Service packages <input type="checkbox"/> Kept covered <input type="checkbox"/> Food Storage – Tables/Pallets *Food must be kept off the ground*

Hand Washing:	Water Supply:	Sanitizing:	Toilet/Trash Facilities:
<i>(to include water, soap, single-use paper towels)</i> <input type="checkbox"/> Commercial Portable Sink <input type="checkbox"/> Hand Sink on Trailer/Truck	<input type="checkbox"/> Public Water <input type="checkbox"/> Private Well- Submit Analysis <input type="checkbox"/> Other: _____	Equipment Used: <input type="checkbox"/> 3- Bay Sanitizer Solution Used: <input type="checkbox"/> Chlorine/Bleach <input type="checkbox"/> Quaternary Ammonia	<input type="checkbox"/> Restrooms on-site <input type="checkbox"/> Portable Toilets <input type="checkbox"/> Garbage Receptacle on-site <input type="checkbox"/> Other: _____

Where will liquids and grease be disposed of? _____

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 the above-described food vendor will be operated and maintained in accordance with the **State of Connecticut Public Health Code, the Food & Drug Administration Food Code, and NVHD Food and Food Establishments Code** as applicable to my operation. I agree to allow NVHD personnel access to my FSE for inspection purposes. I fully understand that the permit is NOT transferable between persons or places and that any deviation from the above application may result in the closure of the food vendor. **I understand that I am required to have the items listed below at all times during operation:**

- | | | |
|---|--|--|
| <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 permit & most recent inspection report for that establishment used **AND** if applicable, a letter of authorization from an establishment owner for the use of said 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: _____ Inspection Date: _____