



BRISTOL-BURLINGTON HEALTH DISTRICT
240 Stafford Avenue, Bristol, Connecticut 06010-4617
Tel. (860) 584-7682 • Fax (860) 584-3814

PLAN REVIEW AND INFORMATION FOR ITINERANT VENDOR LICENSE

All vendors serving food and beverages to the public on a temporary basis are required to have a food service permit.

Completion of this application must be returned to the Bristol-Burlington Health District.

Name of Business: _____

Name of Applicant: _____

Address: _____ Town _____ Zip _____

PHONE: Business _____ Home: _____ Cell: _____ Fax No: _____

ITINERANT VENDOR CLASS: *(check one)*

- Class I Class II Class III Class IV

All Class III & IV Itinerant Vendors must have a Certified Qualified Food Operator (QFO)

Name of QFO: _____ **Phone:** _____

Type of Operation: *(check one)*

- Towed/Pushed Hot Dog Cart Self-Contained Mobile Kitchen

Source of Water: *(check one)* Public Water Well Water

Waste Disposal: *(check one)* Public Sewers Septic System

How and where will grease be disposed? *(if applicable)* _____

There shall be no home cooking, no home preparation, and/or no home storage of food offered on mobile units. Food product must be stored in a separate refrigerator/freezer than household food products and located in a sanitary environment. All foods must be obtained from a licensed and permitted wholesaler or food distributor.

ALL EQUIPMENT INSTALLED MUST BE COMMERCIAL EQUIPMENT

*****PLEASE COMPLETE THE REVERSE SIDE*****

Please use additional paper and attach to the application if needed for any of the requirements listed.

Attach a detailed list of all the equipment installed on Mobile unit.
(Including but not limited to): Grill, Hot Holding Units, Deep Fryer, Microwave, Hand Sink, Three (3) Compartment Sink, Coffee Maker, Soup Warmer, Oven, Freezer, Food Preparation Sink, Steamer, Cold Preparation Table, and/or Refrigeration.

Attach a detailed plan of Mobile Unit drawn to scale (minimum ¼ inch = 1 foot) showing location of equipment, photographs with the drawing may be included.

Where is food being prepared and cooked? *(check below)*

- On a Cart or Truck Licensed Food Establishment

If the food is not cooked or prepared on Cart/Truck, provide Name of Facility, Owner's Name and Phone Number where the food is prepared and cooked.

Name of Facility: _____ Owner's Name: _____

Phone Number where food is prepared and cooked:

A letter from the owner must be attached providing information regarding the storage, preparation, cooking, and transportation of the food product. Food products must be properly transported in hot/cold holding units at Proper Temperatures: Cold 45° F or less and 140° F or more.

- **Attach a detailed MENU of proposed foods to be sold.**
- **Attach a detailed description of how proposed foods sold are prepared, including Cold Food Preparation Steps and Hot Food Preparation Steps.**
- **Describe means for handwashing in the food Cart/Trailer:**

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- **Provide Name, Address and Phone Number on Truck; three (3) inch Letters Both Sides. (Sign Acceptable)**
- **Screened pass through windows should be provided on Truck.**

I agree to abide by the Bristol-Burlington health District's Food Service Requirements for Itinerant Vendor Operations provided with this application.

Signature

Date