



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

Complete this application and return to the Bristol-Burlington Health District.

Name of Business: _____

Name(s) of Applicant: _____

Home Address: _____

PHONE: Cell: _____ Other: _____ Fax No: _____

Proposed location(s), dates and hours of operation: _____

ITINERANT VENDOR CLASS: (check one)

Class A

Class B

All Class III & IV Itinerant Vendors must have a Certified Food Protection Manager (CFPM)

Name of CFPM: _____ 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 the following info:**

***Name, address of facility:_____**

***Owner's name and phone #:_____**

***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 41° F or less and 135° 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:**

- **Name, Address and Phone Number must be on Truck with three (3) inch Letters Both Sides. (Signs are acceptable)**
- **Screening may be required if flies and/or insects are not controlled.**

By signing below, you agree to follow any laws, ordinances or regulations pertinent to your operation. You also agree that the information provided above is accurate and that you will immediately notify this department upon any changes. Any license issued by the BBHD can be revoked at any time and without prior notice.

Print Name

Signature

Date