



**BRISTOL-BURLINGTON HEALTH DISTRICT**  
**240 Stafford Avenue, Bristol, Connecticut 06010-4617**  
**Tel. (860) 584-7682 • Fax (860) 584-3814 • [www.bbhd.org](http://www.bbhd.org)**



## **BASE OF OPERATION DECLARATION FORM**

Please use this form to provide the health district with required information on your base of operation.

\*Temporary Event and Farmers' Market Vendors – use this form only if food is prepared off site\*

Most mobile food vending operations and some temporary food operations require a separate base of operation to prepare and store food items, wash and store equipment and to provide an approved location for discharging wastewater, discarding trash or supplying an approved source of water in advance of or following the food service activity or event. **A home kitchen cannot serve as a base of operation for a licensed food establishment, so a separate commercial grade kitchen is needed that can be operated in compliance with the requirements of the food service establishment regulations in Connecticut (FDA Food Code).** This can be accomplished by using an existing commercial kitchen that can accommodate your additional business needs, or by creating a new licensed commercial kitchen to support your food service operation.

**Applicant Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Name of your Business:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Operating as a (check one):**

- ☐ ITINERANT FOOD VENDING OPERATION (annual license)  
☐ SEASONAL FOOD VENDOR (180 day license)  
☐ TEMPORARY FOOD EVENT (1-14 day event)  
☐ FARMERS' MARKET FOOD VENDOR

**Uses the kitchen located at:**

(Business Name): \_\_\_\_\_

(Street Address): \_\_\_\_\_

(Town): \_\_\_\_\_ (phone #): \_\_\_\_\_

Name of Owner/manager: \_\_\_\_\_

**as a base of operation to support my temporary, farmers' market, seasonal or itinerant food service operation.**

**The facility will be used for the following activities (check all that apply):**

Cold Food Preparation ☐ Dry Food/Supply Storage ☐ Cooking or Reheating ☐ Ware Washing ☐

Cold Food Storage ☐ Waste/wastewater disposal ☐ Water Supply\*\* ☐ Other: \_\_\_\_\_

(\*\* The water supply must be from an approved public water supply or other approved source. Recent water test report required if using a private well water supply).

**PLEASE NOTE:** • The Base of Operation facility must be licensed or inspected by the local health department/district or the Connecticut Department of Consumer Protection in order to support your food service operation.

• If this facility is licensed/inspected as a food service establishment by the local health department/district, please attach a copy of their current license and most recent inspection report.

• If this facility is licensed/inspected as a food establishment or processing facility by the Connecticut Department of Consumer Protection, please attach a copy of their current license or most recent inspection report.

• If your base of operation changes, you must update this information with the Bristol Burlington Health District immediately.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date