



BRISTOL-BURLINGTON HEALTH DISTRICT

Healthy People

Healthy Communities

240 Stafford Avenue, Bristol, Connecticut 06010-4617

Tel. (860) 584-7682 • Fax (860) 584-3814 • www.bbhd.org

APPLICATION FOR TEMPORARY FOOD EVENT

1) SUBMISSION OF THIS APPLICATION TO BBHD IS NOT A PERMIT

- 2) As part of the approval process you are required to watch the temporary food event training video https://bbhd.org/temporary-event-training/
- 3) After you have completed the video, you must send email to Vanessarodrigue@bristolct.gov stating that you have watched entire video & understand the minimum requirements described in the video. Fees: \$75 fee 1 day / \$100 fee 2 days / \$50 per day 3-14 days Failure to submit the application & fee 10 business days prior to the date of the event will result in a \$25 administrative fee. Failure to submit the application 2 business days prior to the date of the event will result in a \$50 fee or denial of Temporary Food service event license at the discretion of Director of Health.

Please refer to the BBHD Temporary Food Service Requirements for guidance in planning your event.

Date of application:	Name of applicant:	
Name of Temporary Event:	D	ate(s) of EVENT :
Address or Location of Tempora	ary Event:	
Name of Food Booth or Mobile	Truck :	
Time of set up:	Hours of operation:	(Start & End times)
Name of Person(s) in charge of	Food Booth or Mobile Truck	
Email :	Phone #	
Address:		
Name of CFPM ** Attach copy of CFPM certificate	with application	
Name & Phone #of PERSON IN	CHARGE OF THE EVENT (not food I	pooth or truck):
Temporary event application for	a food truck 🗆 <u>NO</u> (<i>or</i>) 🗆 <u>YES</u> or	food booth NO (or) YES
* If your Organization is Non-P Non - Profit social, charitable, fraternal, chur facilities or apply for temporary permits and	on—profit? (Check one) December 100 (or) December 200 (or) Decembe	Tax Verification Form ganizations which maintain permanent kitchen DE regulations are hereby exempt from any food
Current BBHD Food License if applicense that apply for temporary food se	licable #	vice establishments with a valid BBHD food temporary food service license/permit fee.
SANITARIAN IF APPROVED.	•	VILL BE ISSUED BY THE ASSIGNED BBHD
	is required at each booth /or mobile t APPLICATION - PAGE 1 o	

	oods to be sold (Including Condiments, beverages):
2) List all foo	ods to be prepared at the event in food truck or food booth:
3) List all fo	ods to be prepared off site prior to the event:
•	e & address of licensed facility being used to prepare food prior to event: prior to event must be pre-approved by BBHD)
5) Food tru	ck only -List size of potable water storage tank gl. waste tankg
•	ype of COOKING FACILITIES: Grill Stove Fryolator Wok Oven (Charcoal and wood cooking devices are not permitted)
7) How will	food be delivered:
8) How will	cold foods be kept 41°F or below:
 □Refrigerat	or Dice Refrigerated Truck Other (Thin probe food thermometer digital required
9) How will	hot foods be kept at 135°F above:
□ Sterno □	Electric
10) List all 1	food Sources of Meat, Fish, Seafood and Bakery Products:
11) DESCR	IBE means for HANDWASHING in FOOD BOOTH:
12) Describ	e how utensils, cutting boards, equipment will be washed rinsed and sanitized
understand tha of all food and	d the BBHD Food Service Requirements FOR TEMPORARY EVENTS PROVIDED WITH THIS APPLICATION at t I am liable for the quality and condition of the food served to the public. My staff and I will ensure the sa beverages stored, prepared and served at the above event. <u>I hereby attest and understand a BBHD Tempo</u> be issued if my food station is not in compliance with the attached TEMPORARY EVENT CHECKLIST
Date:	Signature:
	e completed by BBHD

APPLICATION- page 3 of 3 FOOD BOOTH SKETCH MUST INCLUDE THE FOLLOWING. Plans that are not legible or do not include all aspects of operation will <u>not be approved</u>. Draw in the location and identify all equipment handwashing station, worktables, preparation tables cooking equipment, dispensing areas, hot holding equipment, cold holding facilities, dry storage areas, service area, ware washing set up or extra equipment and utensils, water storage, refuse containers acceptable flooring, tents (flame/combustion resistant /fire retardant certified tent if grilling) Class K Portable Fire Extinguisher required on site for any cooking producing grease vapors FOOD TRUCKS- submit sketch of interior of truck or attach photos

*****Plans that are not legible or do not include all aspects of operation will not be approved and will be returned to applicant

BRISTOL BURLINGTON HEALTH DISTRICT TEMPORARY EVENT CHECKLIST

Tent (flame/combustion resistant /fire retardant certified tent if grilling)
Temporary Flooring (If not on asphalt or concrete, temporary nonabsorbent flooring
must be put down).
Hot Holding Equipment : 135°F or above
Cold Holding Equipment: 41°F or below
Reheat Foods: To at least 165°F
Thermometer -Thin probe food thermometer digital preferred
Equipment- Utilizing sterno is not recommended for hot holding foods.
Cooking Devices- Charcoal and wood cooking devices are not permitted.
Extra Utensils
Hand Washing Station
o 5 Gallon container of warm water
 Liquid soap/ Paper towels/ Waste basket
 Catch basin for waste water
Approved sanitizer & Test Strips
Wash, rinse, sanitize station
Everything up off of ground
Food service , dry storage, work and food preparation tables
Hair restraints
Disposable Gloves
Sanitized potable water storage tank prior to event
Approved potable water hoses clearly marked or documentation
All public water supply hoses must be food grade
Temperature Logs
Sign in list for Volunteers
Food trucks or trailers that arrive at temporary unclean or in
disrepair will not be issued a BBHD license for the event

^{*}Please refer to the Bristol Burlington Health District Temporary Food Service License Information Packet for further information.

TEMPORARY EVENT VOLUNTEER LIST DO NOT SUBMIT THIS PAGE WITH COMPLETED APPLICATION

To be filled out onsite at time of Event

NAME OF ORGANIZATION / CLUB:										
NAME OF PERSON IN CHARGE:										
PHONE NUMBER(S):										
						NAME: (Please Print clearly) DATE: HOURS WORKED: INTIALS				
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