



Healthy People

BRISTOL-BURLINGTON HEALTH DISTRICT



240 Stafford Avenue, Bristol, Connecticut 06010-4617 Tel. (860) 584-7682

• Fax (860) 584-3814 • <u>www.bbhd.org</u> Healthy Communities

APPLICATION FOR TEMPORARY FOOD EVENT

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

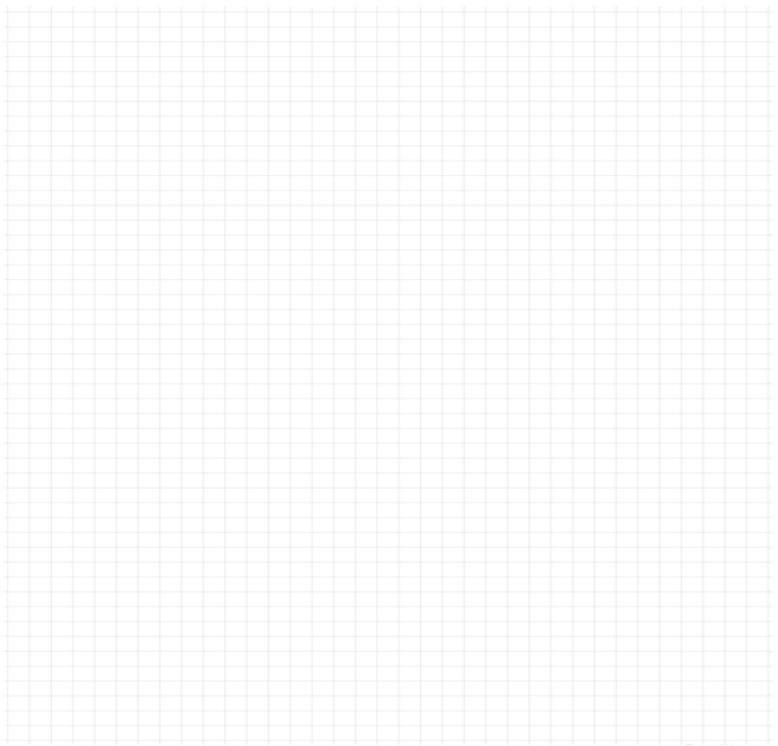
- 1) SUBMISSION OF THIS APPLICATION TO BBHD IS NOT AN APPROVAL TO OPERATE. PERMITS WILL BE ISSUED BY BBHD IF APPROVED
- 2) As part of the approval process you are required to watch the temporary food event training video https://bbhd.org/temporary-event-training/
- 3) After you have completed the video, you must send email to <u>Vanessarodrigue@bristolct.gov</u> 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.

Date of application:	Name of applicant:	
Name of Temporary Event:	Date(s) of EVENT :	
Address or Location of Temporar	y Event:	
Name of Food Booth or Mobile Tr	ruck :	
Time of set up:	Hours of operation:	_ (Start & End times)
Name of Person(s) in charge of F	Food Booth or Mobile Truck	
Email :	Phone #	
Address:		
Name of CFPM ** Attach copy of CFPM certificate w	Emailvith application	
Name & Phone #of PERSON IN C	CHARGE OF THE EVENT (not food booth or truck):	
Temporary event application for a	a food truck □ <u>NO</u> (or) □ <u>YES</u> or food booth□ <u>NO</u>	<u>)</u> (or) 🗆 <u>YES</u>
	on-profit? (Check one) 🗆 <u>NO</u> (or) 🗆 <u>YES</u> (*no fee fo	-
Non - Profit social, charitable, fraternal, church facilities or apply for temporary permits and a	Profit, please include a copy of your Tax Verification in a synagogues, shelters and residential organizations which maint is resubject to all applicable 2022 FDA FOOD CODE regulations are hereboperations are obliged to apply and receive a temporary food service license.	ain permanent kitchen y exempt from any food service
Current BBHD Food License if applied	cable #Food Service establishments with a valid by exempt from any temporary food service license/permit fee.	

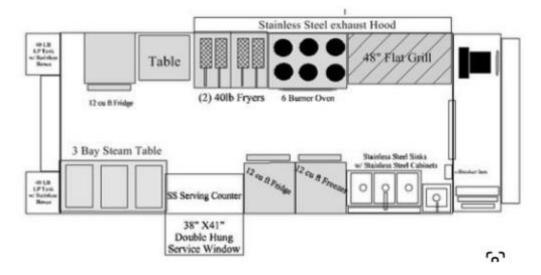
(Please <u>use additional paper or attach menu if needed</u> for any of the following questions). 1) List all Foods to be sold (Including Condiments, beverages):	APPLICATION- Page 2 of 6
2) List all foods to be prepared at the event in food truck or food booth	
3) List all foods to be prepared off site prior to the event:	
4) List name & address of licensed facility being used to prepare food p (Foods prepared prior to event must be pre-approved by BBHD)	prior to event:
5) Food truck only -List size of potable water storage tank	_ gl. waste tankgl.
6) CHECK type of COOKING FACILITIES: Grill Stove Fryolator (Charcoal and wood cooking devices are not permit	
7) How will food be delivered:	
8) How will cold foods be kept 41°F or below:	
□ Refrigerator □ Ice □ Refrigerated Truck □ Other (Thin probe food the	nermometer digital required
9) How will hot foods be kept at 135°F above:	
□ Sterno □ Electric	
10) List all food Sources of Meat, Fish, Seafood and Bakery Products:	
11) DESCRIBE means for HANDWASHING in FOOD BOOTH:	
12) Describe how utensils, cutting boards, equipment will be washed	rinsed and sanitized
nave reviewed the BBHD Food Service Requirements FOR TEMPORARY EVENTS PROVIDED WITH at I am liable for the quality and condition of the food served to the public. My staff and I werages stored, prepared and served at the above event. I hereby attest and understand a BBHD my food station is not in compliance with the attached TEMPORARY EVENT CHECKLIST	vill ensure the safety of all food a
late:Signature:	
BELOW to be completed by BBHD APPLICATION APPROVED DATE:	DATE PERMIT ISSUED:

In the following space, provide a Bird's-eye or overhead view drawing of your proposed Temporary Food Booth or Mobile Unit. Draw and label all cooking equipment, hot and cold storage units, food preparation tables, food storage, water storage, refuse containers ware washing set up or extra equipment and utensils, and handwashing. Type of flooring and tents (flame/combustion resistant /fire retardant certified tent if grilling) ***See examples on page 4

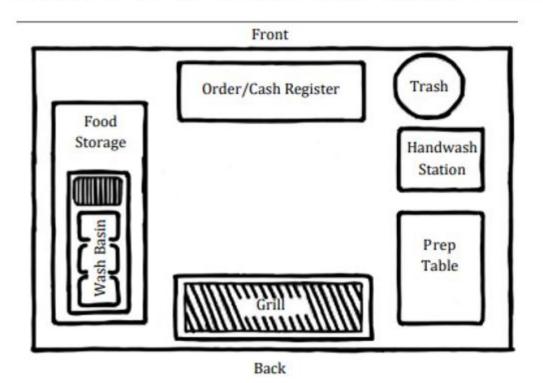


*****Plans that are not legible or do not include all aspects of operation will not be approved and will be returned to applicant

***EXAMPLE OF SKETCH OF FOOD TRUCK



*EXAMPLE OF SKETCH OF TEMPORARY FOOD BOOTH



To be kept onsite at Event DO NOT SUBMIT THIS PAGE W/ APPLICATION

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
☐ 5 Gallon container of warm water w/gravity flow spikot
Catch basin for waste water
Liquid soap/ Paper towels/ Wastebasket
☐ 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 events unclean or in
disrepair will not be issued a BBHD license for the event

 $*Please\ refer\ to\ the\ Bristol\ Burlington\ Health\ District\ Temporary\ Food\ Service\ License\ Information\ Packet\ for\ further\ information.$

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To be filled out onsite at time of Event DO NOT SUBMIT W/ APPLICATION TEMPORARY EVENT VOLUNTEER LIST

NAME OF ORGANIZATION / CLU	B:
NAME OF PERSON IN CHARGE:	
PHONE NUMBER(S):	

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NAME OF EVENT:			· · · · · · · · · · · · · · · · · · ·
DATE OF EVENT:			
NAME: (Please Print clearly)	DATE:	HOURS WORKED:	INTIALS

NAME: (Please Print clearly)	DATE:	HOURS WORKED:	INTIALS:
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