



**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)



**ITINERANT FOOD VENDOR EVENT NOTIFICATION FORM**

**If you have a current Itinerant Vendor License from BBHD, use this form to notify BBHD of where you are planning to offer or serve food or drink from your mobile operation (vehicle, trailer, and cart).**

**This form must be completed and submitted to BBHD at least 24 hours prior to the event.**

**There is no fee for this form**

Date: \_\_\_\_\_

Name of Itinerant Vendor Business: \_\_\_\_\_

Contact person's name: \_\_\_\_\_

Phone #'s \_\_\_\_\_ Email: \_\_\_\_\_

Vehicle/trailer make, model, registration info: \_\_\_\_\_

Name(s) and phone #'s of Q.F.O. and Designated Alternate(s) (if applicable): \_\_\_\_\_

Name of event/business you are offering/serving food: \_\_\_\_\_

Location/Address of event: \_\_\_\_\_

Name of person in charge at event/business: \_\_\_\_\_

By signing below, you attest to be in receipt of a valid BBHD Itinerant Vendor License. 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 or permit issued by this office can be revoked at any time and without prior notice.

\_\_\_\_\_  
Signature of owner/operator

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date signed