



**Public Health**  
Prevent. Promote. Protect.



**BRISTOL-BURLINGTON HEALTH DISTRICT**

240 Stafford Avenue, Bristol, Connecticut 06010-4617  
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Healthy People



Healthy Communities

**PLAN REVIEW AND INFORMATION FOR ITINERANT VENDOR LICENSE**

Completion of this application must be returned to the Bristol-Burlington Health District

Name of Business: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Business \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL address \_\_\_\_\_

Name and address of home base operations \_\_\_\_\_

**ITINERANT VENDOR CLASS:** (check one)

Class A       Class B

**All Class B Itinerant Vendors must have a Certified Food Protection Manager**

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 ( must submit water analysis)

**Waste Disposal:** (check one)  Public Sewers       Septic System

How and where will the wastewater be discarded? \_\_\_\_\_

How and where will grease be disposed? (if applicable) \_\_\_\_\_

- 1) There shall be no home cooking, no home preparation, and/or no home storage of food offered on mobile units.
- 2) Food product must be stored in a separate refrigerator/freezer than household food products and located in a sanitary environment.
- 3) All foods must be obtained from a licensed and permitted wholesaler or food distributor.
- 4) Provide Name, Address and Phone Number on Truck; three (3) inch Letters Both Sides. (Sign Acceptable)
- 5) Screened pass through windows must be provided on Truck.
- 6) ALL EQUIPMENT INSTALLED MUST BE COMMERCIAL EQUIPMENT

\*\*\*PLEASE COMPLETE THE REVERSE SIDE\*\*\*

**1) Attach a detailed list of all the equipment installed on Mobile unit or food cart.**

*(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.

**2) 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.**

**3) Where is food being prepared and cooked?**

*(check one)*  **On a Cart or Truck**  **Licensed Food Establishment**

\*If the food is not cooked or prepared on Cart/Truck, provide the following information:

\*Name of Facility: \_\_\_\_\_ \*Owner's Name: \_\_\_\_\_

\*Phone Number where food is prepared and cooked: \_\_\_\_\_

\*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.

**4) Attach a Detailed MENU of proposed foods to be sold.**

**5) Attach a Detailed description of how proposed foods sold are prepared**

- a) Cold food preparation steps
- b) Hot food preparation steps.
- c) List any foods made more than 4 hours in advance

**6) List of foods that are leftover at end of business day**

- a) How and where will you store leftover foods?
- b) Where will you store extra paper goods and extra foods?
- c) How will you heat leftover foods?

**7) Chemicals: (list name of sanitizing chemical you will use (chlorine, quaternary ammonium))**\_\_\_\_\_

**8) Water Tank: How often is water tank cleaned?** \_\_\_\_\_

**How do you clean the water tank?**\_\_\_\_\_

**9) Describe means for handwashing in the food Cart/Trailer:**

\_\_\_\_\_  
**\* Please complete application and submit all of the information required above. Applications that are not completed will be returned.**

*I agree to abide by the Bristol-Burlington health District's Food Service Requirements for Itinerant Vendor Operations provided with this application.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*