



Public Health
Prevent. Promote. Protect.



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

Healthy People



Healthy Communities

PLAN REVIEW AND INFORMATION FOR ITINERANT VENDOR LICENSE
\$50.00 Class B \$25.00 Class A

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