



Public Health
Prevent. Promote. Protect.



BRISTOL-BURLINGTON HEALTH DISTRICT

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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 _____ Cell: _____

EMAIL address _____

ITINERANT VENDOR CLASS: (check one) Class A Class B

All Class B Itinerant Vendors must have a Certified Food Protection Manager (CFPM) onsite

Name of CFPM: _____ Phone: _____

Type of Operation: (check one) Towed/Pushed Hot Dog Cart Self-Contained Mobile Kitchen

- There shall be no home cooking, no home preparation, and/or no home storage of food offered on mobile units.
- All foods must be from an approved source, obtained from a licensed and permitted wholesaler or food distributor.
- Provide Name, Address and Phone Number on Truck; three (3) inch Letters Both Sides. (Sign Acceptable)
- Screened pass through windows must be provided on Truck.
- All Mobile Food Trucks and trailers must have a hand sink and 3 bay sink *Portable handsinks or 3 bay sinks located outside the vehicle are not acceptable.*
- Food & non-food equipment & surfaces must be of commercial grade. (NSF/ANSI approved)

1) Name/ address/phone number of commissary/ base of operations (**residential home not acceptable)

2) Where will refrigerated /freezer foods be stored outside of operational hours? _____

3) Where will extra paper goods and extra foods be stored? _____

4) **Source of Water:** (check one) Public Water Well Water (must submit water analysis)

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

PLEASE SEE THE REVERSE SIDE

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- 6) How and where will the wastewater be discarded? _____

- 7) How and where will grease be disposed? (if applicable) _____

- 8) Chemicals: (list name of sanitizing chemical you will use (chlorine, quaternary ammonium) _____

9) **Attach a detailed list of all the equipment installed in the Mobile food unit.**
 (Including but not limited to): Grill, Hot Holding Units, Deep Fryer, Microwave, Hand Sink, (3) Compartment Sink, Coffee Maker, Soup Warmer, Oven, Freezer, Food Preparation Sink, Steamer, Cold Preparation Table, and/or Refrigeration.

10) **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.**

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

- 12) **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 _____

13) **Where is food being prepared/cooked? On Mobile unit Licensed Food Establishment**
If Food is prepared by the license holder in a commercial kitchen provide the following information:

Name of Licensed Food Facility: _____ Owner's Name: _____
 Phone Number: _____

A letter from the owner must be attached providing information regarding the storage, preparation, cooking, and transportation of the food product, including approval to use the facilities within the licensed food establishment.

Include information as to how the food will be transported from the food establishment. Food products must be properly transported in hot/cold holding units at Proper Temperatures: Cold 41° F or less and 135° F or more.

14) **Provide size of water tank _____gals. Size of waste water tank_____gals.**
How often will water tank be cleaned? _____
How do you clean the water tank?_____

15) **Describe means for handwashing in the mobile food unit:**

- 16) **Contact the local Fire Marshal regarding inspection of compressed gas cylinders and Information regarding size&type of fire extinguishers required for trucks with hood systems**
 17) **Contact the Bristol Police department regarding the required City of Bristol Peddlers License**
 18) **Contact the First Selectman's Office in Burlington regarding the required Peddlers License**

Please complete application and submit all of the information required within. 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

Revised July 2022