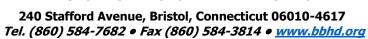




BRISTOL-BURLINGTON HEALTH DISTRICT





ITINERANT FOOD VENDOR EVENT NOTIFICATION FORM

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

This form must be completed and submitted to BBHD at least 72 hours prior to the event.

There is no fee for this form

| Date: | | | | |
|---|-----------------------|-------------------|---------------------|-------------|
| Name of Itinerant Vendor Busin | ness: | | | |
| Owner/operator's name(s): | | | | |
| | | | | |
| Vehicle/trailer make, model, reg | gistration info: | | | |
| Name(s) and phone #'s of Certif | fied Food Protection | n Manager (if a | pplicable): | |
| List the food(s) being offered: | | | | |
| | | | | |
| | | | | |
| Name of event/business you are o | offering food: | | | |
| Event Date/Time: | Locati | ion: | | |
| Name of person in charge of ever | nt: | | | |
| By signing below, you attest to be ordinances or regulations pertinent you will immediately notify this dewithout prior notice. | to your operation. Yo | ou also agree tha | t the information p | |
| Signature of owner/operator | | Print name | | Date signed |
| ********** | ·***********Heal | th District Use | Below****** | ********** |
| Approved by: | Denied By: | | Date: | |
| NT | | | | |