



SOUTH CENTRAL HEALTH DISTRICT

196 North Main St.

Southington, CT 06489

860.276.6275 | schd-ct.org

APPLICATION FOR TEMPORARY EVENT FOOD BOOTH

All vendors serving food and beverages to the public on a temporary basis are required to have a food service permit. Temporary permits are valid for a maximum of 14 days. ***Please submit your application, payment, menu, and CFPM certificate of the person in charge of the food booth 2 weeks prior to the event.***

There will be no refunds or credits issued.

Applications received within 2 weeks of the event will be assessed a late fee of \$50

Applications will not be reviewed without payment.

☐ 1-3 days -- \$85

☐ 4-14 days -- \$125

☐ Non-Profit -- \$10

☐ Existing SCHD Food Service License -- \$50

Tax ID# _____

☐ Pre-packaged food sales- Sampling only -- \$25

Event _____

Event Organizer _____ Cell Phone _____

Date (s) of Event _____ Time _____ Rain Date _____

Location of Event _____

Name of Food Booth _____

Contact Person _____ Cell Phone _____

Email Address _____

***** If licensed by another city/town, please attach copy of last food inspection report and current license.***

Please answer completely. A detailed application assists SCHD with the review process.

1. List all foods and beverages that will be served at the event. (including condiments)

2. When and where will food be purchased? _____

3. What time will the food be delivered and how will it be transported? _____

4. Indicate how foods will be prepared (check all that apply)

☐ Prepared at licensed facility (list facility)_____

☐ Prepared at the event_____

5. List where food will be stored prior to the event_____

6. How will food be kept cold? (below 41F.)

• During transportation_____

• At the event site_____

7. How will food be kept hot? (above 135F.)

• During transportation_____

• At the event site_____

8. How will handwashing stations be provided?_____

9. Location of food service worker toilet facility_____

10. Describe how utensils, cutting boards, etc. will be sanitized_____

11. Type of sanitizer _____ Test Strips ☐ Yes ☐ No

12. What will be done with leftovers? _____

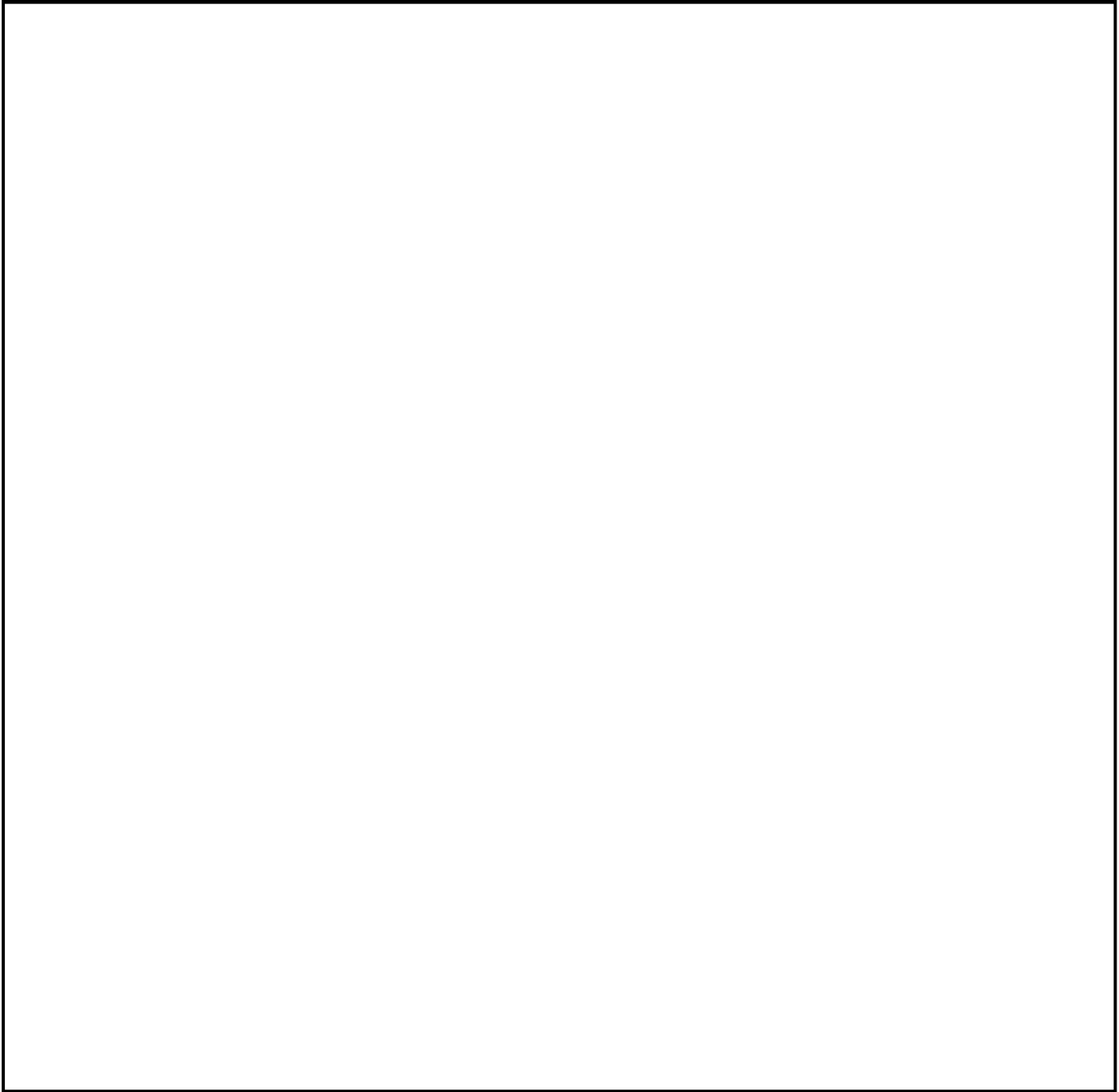
13. Will there be a probe thermometer to take internal temperatures of food products? ☐ Yes ☐ No

14. Water supply (used for cooking and hand washing) ☐ Public Water ☐ Private Well

15. How will food items be protected from public exposure (sneezing, coughing, touching, etc.) and outdoor elements_____

DRAW A LAYOUT OF YOUR FOOD BOOTH

Label all grills, stoves, refrigerators, coolers, steam tables, tables, hand wash stations, garbage cans, food storage area, cleaning product storage, toilets etc.



FOR DISTRICT USE ONLY

Date _____
Total fees paid \$ _____

☐ Cash
☐ Check
☐ Money Order
☐ CC/Debit

Reviewed by ☐ JB ☐ SC ☐ FF ☐ BM Date Reviewed _____

☐ Approved
☐ Denied

Comments _____