

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • www.ehhd.org

## BASE OF OPERATION DECLARATION FORM (1/5/2024 rev)

Itinerant vendors, please use this form to provide the health district with required information on your base of operation.

\*\*\*Temporary Event and Farmers' Market Vendors – use this form only if food is prepared off site\*\*\*

Most itinerant food vending operations and some temporary food operations require a separate **base of operation** to prepare and store food items, wash and store equipment and to provide an approved location for discharging wastewater, discarding trash or supplying an approved source of water in advance of or following the food service activity or event. A home kitchen cannot serve as a base of operation for a licensed food establishment, so a separate commercial grade kitchen is needed that can be operated in compliance with the requirements of the food service establishment regulations in Connecticut General Statutes 19a-36a to 19a-36o. This can be accomplished by using an existing commercial kitchen that can accommodate your additional business needs, or by creating a new licensed commercial kitchen to support your food service operation.

| Applicant Name:  | Phone #  |
|--|--|
| Mailing Address:   |  |
| Name of your Business:   |  |
| Operating as a (check one):  | LICENSED ITINERANT FOOD VENDING OPERATION (annual license) TEMPORARY FOOD EVENT (1-14 day event) FARMERS' MARKET FOOD VENDOR (regulated as a temporary food event)   |
|  | he following location as a base of operation to support my itinerant food arket or temporary food service event:   |
| (Business Name):   |  |
|  |  |
| (Town):  | (phone #):   |
| Name of Owner/manager:   |  |
| Cold Food Preparation<br>Cooking or Reheating<br>Cold Food Storage<br>Water Supply**   | for the following activities (check all that apply):  Dry Food/Supply Storage  Ware Washing  Waste/wastewater disposal  Other: Dry Food/Supply Storage  Ware Washing  Waste/wastewater disposal  Other: Dry Food/Supply Storage  |
| If you use more than one facility to   | support your food service business, please submit a separate form for each location.   |
| <ul> <li>Connecticut Department</li> <li>If this facility is licensed/in attach a copy of their cu</li> <li>If this facility is licensed/in</li> </ul> | acility must be licensed or inspected by the local health department/district or the tof Consumer Protection in order to support your food service operation.  Ispected as a food service establishment by the local health department/district, please rrent license or most recent inspection report.  Ispected as a food establishment or processing facility by the Connecticut Department of ase attach a copy of their current license or most recent inspection report. |
| If your base of operation  | n changes, you must update this information with Eastern Highlands Health District.  |
| Signature of Applicant   | Date   |