



Eastern Highlands Health District

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

**BASE OF OPERATION DECLARATION FORM** (12/4/2017 rev)

**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 Public Health Code Section 19-13-B42. 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)**

**Uses the kitchen/facilities at the following location as a base of operation to support my temporary, farmers' market or itinerant food service operation:**

(Business Name): \_\_\_\_\_

(Street Address): \_\_\_\_\_

(Town): \_\_\_\_\_ (phone #): \_\_\_\_\_

Name of Owner/manager: \_\_\_\_\_

**This kitchen/facility will be used for the following activities (check all that apply):**

Cold Food Preparation	_____	Dry Food/Supply Storage	_____
Cooking or Reheating	_____	Ware Washing	_____
Cold Food Storage	_____	Waste/wastewater disposal	_____
Water Supply**	_____	Other: _____	_____

(\*\* The water supply must be from an approved public water supply or other approved source.)

If you use more than one facility to support your food service business, please submit a separate form for each location.

**PLEASE NOTE:**

- **The Base of Operation facility must be licensed or inspected by the local health department/district or the Connecticut Department of Consumer Protection in order to support your food service operation.**
- If this facility is licensed/inspected as a food service establishment by the local health department/district, **please attach a copy of their current license or most recent inspection report.**
- If this facility is licensed/inspected as a food establishment or processing facility by the Connecticut Department of Consumer Protection, **please attach a copy of their current license or most recent inspection report.**
- If your base of operation changes, you must update this information with Eastern Highlands Health District.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date