



Eastern Highlands Health District

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

APPLICATION FOR FARMER’S MARKET - TEMPORARY FOOD SERVICE EVENT

Please see page 2 for fees – Effective November 1, 2009

Event Name: _____

Date and Time of Event: _____

Location of Event: _____

Organization Sponsoring the Event: _____

Person Responsible / Licensee _____

Address: _____ Phone: _____

Please provide the following:

1. List all foods and beverages that will be served, including condiments. Use back of page or separate sheet.
2. Draw and provide a sketch showing the layout of food preparation, cooking and serving areas and hand-washing station.
3. Where will the food be prepared and stored before the event? Please provide the name and address of the Commercial Food Service Establishment providing potentially hazardous food here: _____

4. How will potentially hazardous foods be transported, including how it will be kept hot and/or cold?

5. Describe hand-washing equipment or facility: _____
6. Location of employee restroom facility: _____
7. How will food service equipment (utensils, cutting boards, etc) and surfaces be sanitized? _____
8. What is the water source for this event? _____

AGREEMENT

This license is issued based on compliance with the Connecticut Public Health Code section 19-13-B42, and the Eastern Highlands Health District Sanitary Code. A site



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inspection may be conducted by Sanitarians of this District to determine compliance. The licensee agrees to make any corrections deemed necessary by the sanitarians for compliance with the above-referenced codes.

The undersigned also agrees to the following: maintenance of safe temperatures, appropriate worker hygiene, and safe food handling practices will be followed to minimize the risk of foodborne illness.

I HAVE REVIEWED THE ATTACHED MATERIAL AND UNDERSTAND THAT I AM RESPONSIBLE FOR THE SAFETY OF THE FOOD SERVED AT THIS EVENT.

Signed _____ Date _____

Approved by _____ Date _____

Farmer Food Vendor License – COLD SAMPLES ONLY

One Market Location– no fee Multiple Market Locations – no fee

Non-Farmer Food Vendor License - COLD SAMPLES ONLY

One Market Location - \$25.00 Multiple Market Locations - \$40.00

Farmer Food Vendor License - LOW RISK FOOD PREPARATION

One Market Location - \$25.00 Multiple Market Locations - \$40.00

Non-Farmer Food Vendor License - LOW RISK FOOD PREPARATION

One Market Location - \$40.00 Multiple Market Locations - \$60.00

Food Vendor License – HIGH RISK FOOD PREPARATION - \$200.00



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BASE OF OPERATION DECLARATION FORM (1/4/2011 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 waste water, 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): ___ 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 located at: (Business Name): _____

(Street Address): _____

(Town): _____ (phone #): _____

Name of Owner/manager: _____

**as a base of operation to support my temporary, farmers' market or itinerant food service operation.
The 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.)

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