

FEE PAID
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Cash _____
Date _____



DATE STAMP REQUIRED

TEMPORARY FOOD LICENSE APPLICATION

Name of QFO or Person in charge with Temporary Event Training Certification (include copy of certificate)

 Name of Business/ Association

 Mailing Address:

 Phone#

 Email Address

DIRECTIONS: The **PERSON IN CHARGE** of each TFE Site must complete this application. The application must be completed and submitted to Chatham Health District at **LEAST 10 DAYS** before an event involving **5 or fewer booths**, and **30 days before** an event involving more than **5** food booths.

Late fee of \$75 required for all permit not received as above

Commercial Fee

- _____ \$50.00 for one day event
- _____ \$75.00 for two day event
- _____ \$125.00 for three or more days
- _____ \$150.00 Event with 50+ vendors

"Non-profit" Fee

- _____ \$30.00 for one day event
- _____ \$40.00 for two day event
- _____ \$75.00 for three or more days
- _____ \$75.00 Event with 50+ vendors

 Name & Address of Event:

 Date(s) of Event

 Hours of the Event:

 Date and time the TFE will be ready for inspection

NO HOME COOKED FOODS OR FOODS PREPARED IN AN UNAPPROVED FACILITY ARE PERMITTED

Provide the following:

- A sketch of booth/ tent or trailer, include all equipment.
- If more than 5 booths are proposed a drawing of the **entire event area** is required, depicting their TFE site in relation to the potable water supply, electrical sources, the waste water disposal area, lavatories, etc., as well as all food preparation and service areas at the event is required.
- A COPY of QFO or Temporary Event Training Certificate for the person in charge

Please provide the following information: All questions MUST be answered to determine if your food permit will be approved. (If any of the following questions do not apply please answer with N/A).

1. Menu: Please list all food and beverage items to be prepared and served at temporary event (attach on separate sheet if necessary)

Hot Food: _____

Cold Food: _____

Beverages: _____
Other: _____

2. Will all food be prepared at the temporary food event?

_____ YES
_____ NO

3. Describe the food source and operation approach at the event:

Note: There shall be no home cooking or home preparation of food offered at temporary food events. All food must be obtained from a licensed and permitted retail or wholesale distributor.

- a. Food prepared or precooked at a licensed kitchen or restaurant. Yes _____
- b. Precooked food ordered/purchased or donated by food establishment. Yes _____
- c. Food will be cooked on the premises. Yes _____ Mobile Vendor Yes _____

4. If you answered yes to question 3a or 3b

- a. Name of licensed food establishment _____
- b. Address of licensed establishment _____
- c. Please submit license to Chatham Health District with this application if issued outside the Chatham Health District.

5. Describe how Potentially Hazardous Foods (PHF) will be transported from the licensed kitchen to the event SAFELY within adequate temperature range (be specific):

Thermal Vehicles _____ Cooler with Ice _____

Thermal Box: _____

Thermal Bag _____

Other (describe) _____

NOTE: record time and temperatures of all products before leaving base of operation (this allows Chatham Health District to allow reheating or rapid chilling of food product onsite rather than discarding food items)

6. Identify cooking equipment and approach, choose as many as apply:

- Gas Grill
- Steamer
- Conventional Oven
- Other(specify) _____
- Kettle (corn)
- Propane burner/stove
- Smoker
- Deep Fryer

7. What heat source will be used to keep hot foods hot (at ¹³⁵~~140~~ degrees and above)?

- Electric Steamer
- Grill
- Propane Steamer
- Other(describe) _____
- Chaffing dishes
- N/A (cold food only)

8. Describe how cold foods will be kept at ⁴¹~~45~~ degrees and below

- Commercial cooler/freezer
- Ice packs
- Cooler with Ice
- Other (describe) _____

9. You are required to have thermometers and way to sanitize thermometers onsite. Select from items below which you will have onsite:

- Digital thin probe thermometer
- Cooler thermometers
- Alcohol Swabs
- Metal Stem Thermometers

10. Describe how electricity will be provided to the temporary food establishment.

11. List all places (names and addresses) where the food source especially meats, poultry, seafood (shellfish tags must be kept with the product and held for 90 days) and ice will be purchased.

12. Identify the source of the potable water supply and describe how water will be stored and distributed at the temporary food event. If a non-public water supply is to be used you must submit most recent water tests with this application.

13. What will be provided for washing facilities to be used by employees.
- a. Commercial Electric Portable hand washing station _____
 - b. Portable hand washing set up: Yes _____, MUST include all listed items below:
 - _____ Thermal water tank with Spigot
 - _____ Waste Water Bucket
 - _____ Soap
 - _____ Paper Towels

14. How and where will equipment and utensils be washed?
- a. Commercial ware washing facility on event premises
 - b. Portable 3-bay sink
 - c. Three containers of suitable size (adequate for submerging largest piece of equipment)
 - d. Will bring back to the base of operation to wash (ONLY for events less than 4 hours)
 - e. Not applicable (if using single service utensils or prepackaged foods)

15. What type of sanitizer will be used? You must provide corresponding test strips to be sure sanitizer is the correct concentration.
- _____ Chlorine Sanitizer (bleach and water solution)
 - _____ Quaternary ammonium solution

16. Waste water and grease disposal: Describe how wastewater will be collected, stored and disposed. NOTE: No waste water or grease is permitted to be disposed of on the ground or down a storm drain.
- _____ Collected by event coordinator _____ Bring back to base of operation

17. Garbage containers: Describe the number and location of garbage containers.
- _____
- _____
- _____

18. Food Protection equipment required:
- a. Tent required if food will be prepared, cooked and dispensed out side
 - b. Food MUST be properly covered, sneeze guards will be required for self-serve or areas open to the public
 - c. Adequate shelves required for storing food and food service items, containers MUST be off the floor

19. Personal Hygiene
- _____ Effective hair restraints (hat or hair net) _____ No exposed open cuts/wounds
- _____ Clean outer clothes including apron _____ Food grade gloves
- NOTE: Any personnel with undiagnosed fever, diarrhea, vomiting are prohibited from working 72 Hours from when they become symptomatic. If there is any question regarding this please contact Chatham Health Department.**

20. List all employee/volunteer names, address, phone number, shift worked and duties. Please see employee log attached.

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Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Chatham Health District may nullify final approval. I certify that I have received and have read the Guidelines for Food Service at Temporary Events and that the above-described establishment will be operated and maintained in accordance with these Guidelines and the Public Health Code of the State of Connecticut. I Certify that I am the responsible party and will be onsite during the event to ensure proper procedures and cleanliness. I understand this is an application only, not a permit until reviewed and signed by a sanitarian.

Person in charge

Signature: X _____ Date: _____

for office use only for office use only for office use only for office use only for office use only

Training certificate provided and reviewed - Circle one: QFO or TFE

Date Sanitarian contacted applicant _____

Notes _____

APPROVAL: _____ YES _____ NO

Any Permit Restrictions: _____

Sanitarian Signature: _____ Date: _____

Food Booth Checklist

In order to be prepared for the CHD to inspect, please ensure the items below are completed and available. The Inspector will ask to see this form is completed prior to inspection.

Booth Name _____

Date _____

_____ Completed Worker Sign-in Form

_____ Water from approved source (backflow preventer and food grade hoses when needed)

_____ Waste water disposed of in an approved manner (not on the ground)

_____ Restroom facilities sanitary and convenient for food workers (hand washing station encouraged)

_____ Hand washing facilities with hot water from dispenser with spigot, liquid soap, paper towels, waste container and trash can.

_____ Trash cans convenient, emptied regularly in a sanitary way and location.

_____ Adequate and calibrated food thermometers, alcohol wipes/sanitizers

_____ Working thermometers for all cold holding units.

_____ Working and clean facilities to keep cold foods cold (<45°F internal temperature)

_____ Facilities to cook and keep food hot (>140°F for internal holding temperatures)

_____ Food cooked and held at proper temperatures and staff knowledge of temperatures

_____ Food protected at all times (covered and off the ground)

_____ Separate areas and/or utensils/cutting boards for poultry, meats, seafood, and non PHF

_____ Wiping rags in clean, labeled bucket with sanitizer

_____ Minimizing bare hand contact and frequent hand washing.

_____ Staff attire-hairnets or hats, clothing clean and covered by apron, minimal jewelry, closed toed shoes, no exposed cuts, burns or open wounds

_____ Staff habits-no tobacco use, minimize touching hair, face and body, frequent hand washing

_____ Establishment clean

Completed by **X** _____

