



Northeast District Department of Health

69 South Main Street, Unit 4

Brooklyn, CT 06234

Phone - (860) 774-7350 / Fax - (860) 774-1308

www.nddh.org

ITINERANT FOOD VENDING APPLICATION

Vending Name: _____

Owner Name: _____ Contact: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____ Cell: _____

Fax: _____ Email Address: _____

Type of operation: On-site preparation: _____ Off-site preparation: _____

Vehicle Registration Number(s): _____

Schedule of Proposed Sites /	Hours of Operation /	Location of Toilet Facilities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Menu: _____

Water supply: City _____ Well _____ Date last tested (if well): _____

(A water analysis must be submitted in order to receive your permit. If more than one well is to be used, analysis reports must be submitted for each.)

Method of wastewater disposal: _____

Method of disposal of fryer grease or other ingredients: _____

You must submit written notification from the appropriate municipal authorities indicating that the proposed operation conforms to all local/town requirements.

Signature: _____ Date: _____

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N.D.D.H. OFFICE USE ONLY

DATE: _____ FEE: _____ CHECK # _____ RECEIPT # _____