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

Temporary Food License Application

PLEASE NOTE: Any application received less than 5 business days prior to the event is subject to a late fee

I. Event

Name of Organization Applying for Permit: _____

Title of Event:_____

Location of Event:_____

Street Address:_____ Town:_____

Type of Facility, e.g. Church, Food Booth, Food Cart, etc. _____

Start Date: _____ End Date:_____ Operation Times:_____

Is above organization a non-profit? Yes_____ No_____ If so, tax exempt #_____

II. Contact Person (applicant or manager of event):

Name: _____ Mailing Address:_____

City:_____ST:_____Zip:_____

FAST or QFO Certified Participant Overseeing Event:

(COPY OF CERTIFICATE MUST BE ATTACHED TO APPLICATION)

Name: _____ Email: _____

Phone (H):_____ Phone (W):_____

Signature: _____ Date:_____

III. Please list all items on proposed menu:

_____

_____

_____

Please Complete Reverse Side

IV. Anticipated number of people to be served: _____

V. Food Storage/Disposal:

How will foods be stored at proper temperatures:

Hot:_____

Cold:_____

Method of grease disposal:_____

What are your transportation methods (if applicable):_____

_____

What/who is your food source?_____

What are your overnight storage methods?_____

If a booth, is there running water? Yes_____ No_____ Hot?_____ Cold?_____

Date water last tested:_____

NOTE: PRIOR TO ANY PERMIT BEING ISSUED, A CURRENT WATER TEST (WITHIN ONE YEAR) MUST BE ON FILE IN THIS OFFICE.

V. Please list the names of all volunteers:

_____

_____

_____

For NDDH Use Only

Fee Paid:$_____ Date rcvd:_____ Check #:_____ Receipt #:_____

Late Fee $_____ Date rcvd:_____ Check#:_____ Receipt#:_____

Approving Sanitarian:_____ Date:_____