



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 email@nddh.org

*Sanitarian Approved*  
*Initial: \_\_\_\_\_*  
*Date: \_\_\_\_\_*  
*Emailed: \_\_\_\_\_*

**ITINERANT FOOD VENDING APPLICATION**

Vending Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Billing Email: \_\_\_\_\_

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            or 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: \_\_\_\_\_

**N.D.D.H. OFFICE USE ONLY**

ITINERANT VENDOR PERMIT FEE: \_\_\_\_\_ RECEIPT # \_\_\_\_\_ DATE: \_\_\_\_\_

CASH # \_\_\_\_\_ CK # \_\_\_\_\_ E-CK # \_\_\_\_\_ CREDIT CARD # \_\_\_\_\_