



# 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](http://www.nddh.org)

[email@nddh.org](mailto: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 \_\_\_\_\_ 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: \_\_\_\_\_

### NDDH Use Only

Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Check # \_\_\_\_\_ CC E-Check Cash Receipt # \_\_\_\_\_

Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Check # \_\_\_\_\_ CC E-Check Cash Receipt # \_\_\_\_\_