



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: _____

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: _____ Email: _____ Phone: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

FAST or QFO Certified Participant Overseeing Event:

(COPY OF CERTIFICATE MUST BE ATTACHED TO APPLICATION)

Name: _____ Phone(C): _____

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:

NDDH Use Only: Class: 1 2 3 4 CC E-Check Cash

Food Service Permit Fee: _____ Receipt # _____ CK# _____ Date ____/____/____

Late/Penalty/Other Fee: _____ Receipt # _____ CK# _____ Date ____/____/____