



## **Town of Somers Health Department**

**600 Main Street Somers, CT 06071**

**(860) 763-8216**

### **Application for Temporary Food Permit**

Event: \_\_\_\_\_

Location: \_\_\_\_\_

Date(s)/Time(s) of Event: \_\_\_\_\_

Name of Food Booth/Truck/Trailer: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant E-mail: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

List all foods and beverages that will be served (include condiments)- attach a menu if necessary:

You must provide an adequate number of covered trash/recycle receptacles that are located and emptied in such a way as to minimize odors, flies, etc. Please describe the arrangements you have made to do so.

How will utensils, cutting boards, etc. be sanitized?

Describe available handwashing facilities.

Describe how cold food will be kept cold (below 41 degrees F)?

Describe how hot food will be kept hot (above 135 degrees F)?

List how all foods will be stored and/or prepared along with food source (store, restaurant, etc.) prior to the event (Note: food preparation is not allowed in personal home kitchens).

How will foods be transported to the event?

How will the foods be dispensed and handled? (Note: utensils or plastic gloves must be used to prevent bare hand contact with food).

Water supply: City \_\_\_\_\_ Well \_\_\_\_\_ Date last tested (if well): \_\_\_\_\_  
(If well, a water analysis must be submitted in order to receive your permit.)

If potentially hazardous foods (as defined in Sec. 19-13-B42) are to be prepared or served there must be a properly trained manager onsite to supervise operations (CFPM). Please enclose the Certified Food Protection Manager's (CFPM) Certificate, if applicable.

\*If the food is not cooked to order, then a Base of Operation Declaration Form needs to be filled out. Please include the commercial kitchens last inspection.

Please sketch out a layout of your food booth including equipment for cooking, hot/cold holding, handwashing facilities, refuse containers, distance to restrooms, etc. Attach a separate sheet if necessary.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Applications and fee must be received in the Town Sanitarian's office two weeks prior to the event. Make checks payable to the Town of Somers: \$75.00. There is no fee for Non-Profit organizations, please provide a tax exempt form. Failure to submit application and/or pay fee at least two weeks in advance, the applicant will be charged and extra \$50.00.

Note: The previous questions must be completed before an approval may be granted. The sanitarian may restrict or modify the menu and/or preparation methods as necessary to minimize the risk of foodborne illness.



**BASE OF OPERATION DECLARATION FORM FOR  
TEMPORARY FOOD VENDORS (1-14 days) \*if food is prepared off-site\***

Some temporary food operations require a separate base of operation to prepare and store food items, wash and store equipment and to provide an approved location for discharging wastewater, discarding trash or supplying an approved source of water in advance of or following the food service activity or event. A home kitchen cannot serve as a base of operation for a licensed food establishment, so a separate commercial grade kitchen is needed that can be operated in compliance with the requirements of the food service establishment regulations in Connecticut Public Health Code Section 19-13-B42. This can be accomplished by using an existing commercial kitchen that can accommodate your additional business needs, or by creating a new licensed commercial kitchen to support your food service operation.

Applicant Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Operating as a: Temporary Food Event (1-14 day event)

Uses the kitchen/facilities at the following location as a base of operation to support my temporary, food event operation:

(Business Name): \_\_\_\_\_

(Street Address): \_\_\_\_\_

(Town): \_\_\_\_\_ (phone #): \_\_\_\_\_

Name of Owner/manager: \_\_\_\_\_

This kitchen/facility will be used for the following activities (check all that apply):

Cold Food Preparation \_\_\_\_ Dry Food/Supply Storage \_\_\_\_ Cooking or Reheating \_\_\_\_

Ware Washing \_\_\_\_ Cold Food Storage \_\_\_\_ Waste/wastewater disposal \_\_\_\_

Water Supply\*\* \_\_\_\_ Other: \_\_\_\_\_

\*\*The water supply must be from an approved public water supply or other approved source. Recent water test report required if using a private well water supply.

**PLEASE NOTE: The Base of Operation facility must be licensed or inspected by the Local Health Department/District and/or the Connecticut Department of Consumer Protection and/or Connecticut Department of Agriculture in order to support your food service operation.**

- **If this facility is licensed/inspected as a food service establishment by a Local Health Department/District, please attach a copy of their current license and most recent inspection report.**
- **If this facility is licensed/inspected as a food establishment or processing facility by the Connecticut Department of Consumer Protection or Department of Agriculture, please attach a copy of their current license and most recent inspection report.**
- **If your base of operation changes, you must update this information with Somers Health Department.**

**Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_**