



www.newtown-ct.gov/health-district

## NEWTOWN DISTRICT DEPARTMENT OF HEALTH ITINERANT VENDOR / MOBILE FOOD ESTABLISHMENT APPLICATION

Annual License Valid **April 1st to March 31st**

**FEE: \$150.00** payable to the Newtown Health District

- **Please fill out the application completely and attach any necessary documents.**
- You must provide a diagram of the MFE including: cooking equipment, refrigeration, hot holding equipment, hand washing, warewashing, food preparation areas, storage of paper and cleaning supplies.

BUSINESS/ ORGANIZATION NAME: \_\_\_\_\_

BUSINESS / ORGANIZATION MAILING ADDRESS: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

1. List all food items to be offered at the event (attach menu if available).

Food & Beverage Menu Items	Product Purchased at:

2. When will food be purchased? \_\_\_\_\_

3. Where will food be stored prior to event? \_\_\_\_\_

4. Where will food be prepared? Circle one:    On- Vehicle(MFE)                      Off-site Licensed Food Est.  
For Licensed Food Establishment Provide: \_\_\_\_\_

Name and Address

- A copy of the current food service license must be submitted with this application if food items are *prepared off-site or provided by another licensed food establishment* **not** licensed by Newtown Health District.

5. Describe how you will monitor food temperatures: \_\_\_\_\_

6. Describe how foods will be kept cold on-site and in transport(**below 41 degrees F**):\_\_\_\_\_

7. Describe how foods will be kept hot on-site and in transport(**above 135 degrees F**):\_\_\_\_\_

8. If offering hot foods, describe cooking procedures:\_\_\_\_\_

9. Handwashing facilities **must** be available and functional.

Hand Washing Accessories:

- ☐ Hot / Cold Running Water  
☐ Soap, Single- Use Towel  
☐ Waste Receptacle

10. Location of employee toilets: \_\_\_\_\_

11. Sanitizer: Circle one: Chlorine (Bleach ) - or- Quaternary **(Test Strips must be available on-site)**

Describe method of sanitizing:\_\_\_\_\_

12. How will wastewater and grease be stored and disposed of?\_\_\_\_\_

Type of Water Supply: ☐ Private Well, must submit current water analysis ☐ Public Water

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Operators must keep on file a list of employees, tasks performed & time worked at event.

The undersigned agrees to abide by all State and Local Ordinances in regard to the dispensing of food and beverages with the understanding that failure to comply with the before-mentioned may result in revocation or the suspension of your Itinerant Food Vendor License.

**RANDOM STREET SIDE VENDING IS PROHIBITED. VENDING FROM LOCATIONS OR AT EVENTS NOT APPROVED BY THE LOCAL REGULATORY AUTHORITIES IS PROHIBITED AND MAY RESULT IN REVOCATION OF MFE LICENSE .**

REQUIRED DOCUMENT CHECK LIST:

- ☐ Water Analysis- private well water only  
☐ Food Service License - if not licensed with Newtown Health District  
☐ Copy of Certified Food Manager (Qualified Food Operaor) Certificate  
☐ A Diagram of the Mobile Food Establishment

Owner/ Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Health District Use Only:** Fee Paid:\_\_\_\_\_ Check #:\_\_\_\_\_ Cash:\_\_\_\_\_

Comments:\_\_\_\_\_

Application Approved By:\_\_\_\_\_ Date:\_\_\_\_\_