



www.newtown-ct.gov/health-district

**NEWTOWN DISTRICT DEPARTMENT OF HEALTH
TEMPORARY FOOD SERVICE LICENSE APPLICATION**
FEE: \$25.00 per event

All vendors serving food and/or beverages to the public at temporary events are required to have a temporary food service license. Non-profit vendors that are tax exempt are not required to pay the application fee. To determine if your organization meets the criteria as a non-profit vendor please contact the Health District.

- Applications are **REQUIRED 14 DAYS PRIOR TO EVENT** to allow for adequate review
- **Please fill out the application completely and attach any necessary documents.**

NAME OF EVENT: _____

EVENT DATE(s) / TIME(s): _____ RAIN DATE: _____

LOCATION OF EVENT: _____

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. Describe how you will monitor food temperatures: _____

5. Where will food be prepared? Circle one: On- Site Kitchen Licensed Food Establishment

*Food items provided by another licensed food establishment **not** licensed by Newtown Health District, must provide a copy of their current food service license.

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:_____

9a. Hand Washing Set Up:

9b. Hand Washing Accessories:

<input type="checkbox"/> Temporary Set up	<input type="checkbox"/> Hot / Cold Water, Soap, Papertowels
<input type="checkbox"/> Commercial Portable Hand Sink	<input type="checkbox"/> Waste Receptacle
<input type="checkbox"/> Available inside facility	<input type="checkbox"/> Other:

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**

****Food booth operators must keep on file a list of employees at event, tasks performed & time(s) worked.**

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 food license. The undersigned has received a copy of the Temporary Food Service Guide and will have all food workers read the guide prior to working at the food booth.

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

Applicant Signature: _____ Date: _____

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Health District Use Only: Fee Paid: _____ Check #: _____ Cash: _____

Comments: _____

Application Approved By: _____ Date: _____