



www.newtown-ct.gov/health-district

## NEWTOWN DISTRICT DEPARTMENT OF HEALTH TEMPORARY FOOD SERVICE LICENSE APPLICATION

**FEE: \$50.00** per event

All vendors serving food and/or beverages to the public at temporary events are required to have a temporary food service license. 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:

<input type="checkbox"/> Temporary Set up
<input type="checkbox"/> Commercial Portable Hand Sink
<input type="checkbox"/> Available inside facility

9b. Hand Washing Accessories:

<input type="checkbox"/> Hot / Cold Water, Soap, Papertowels
<input type="checkbox"/> Waste Receptacle
<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: \_\_\_\_\_