

CHATHAM HEALTH DISTRICT

Serving the Towns of East Haddam, East Hampton, Haddam, Hebron, Marlborough & Portland

Application# _____ (\$60 per unit) ck# _____ cash _____

FOOD VENDING PLAN REVIEW APPLICATION

Provide an answer and requests to all items listed below.

Applicant Name: _____

Applicant Mailing Address: _____

Applicant Phone Number: _____

Food Service Location / Address: _____

Phone Number at Location: _____

Food Service Classification: I II III IV (Circle One)

Type of Town Permits Received and When: _____

Circle the Operational Days open during the week: Mon Tue Wed Thur Fri Sat Sun

Hours of Operation per Operational Day: _____

Type of Operation: Breakfast Lunch Dinner Other: _____

Estimated Number of Meals to be served: _____

Number of Employees: _____

Description of Menu (Attached if needed): _____

Description of all Equipment to be used (Attached if needed): _____

Has a Site Plan Location been provided: _____

Location of all Hand Washing Facility: _____

Location of 3 Bay Sink for Equipment / Utensil Washing: _____

Location of Garbage Cans / Receptacles: _____

How do you plan on Disposing the Garbage: _____

How do Plan on Collecting / Retaining any waste water: _____

How do you plan on Disposing the Waste Water: _____

Are all foods coming from an Approved Source: _____

Name(s) of the Approved Source: _____

Where is food being stored during Operational Hours: _____

How will the food be stored during Operational Hours: _____

Where is the food being stored after Operational Hours: _____

How will the food be stored after Operational Hours: _____

At what temperature will all food(s) be cooked too: _____

After the food is cooked, at what temperature will the food be maintained at during Hot Holding: _____

At what minimum temperature will food be stored at during Refrigeration: _____

How do you plan on cooling down Hot Foods for Refrigeration: _____

How long will this take: _____

How do you plan on reheating food coming from Refrigeration: _____

How long will this take: _____

Type of Sanitizing to be used: _____

Is the Sanitizer EPA Approved: _____

Type of Sanitizing Testing Equipment to be used: _____

Where is the portable water coming from: _____

Has it been tested and is it Potable: _____

How is sewage being address: _____

Is there Public Rest Rooms Available and where: _____

Is there a bathroom for the employees and where: _____

Any additional items you would like to add or address: _____

Have you received a copy of the Connecticut Public Health Code Section 19-13-B48 'Itinerant Food Vending' as amended from time to time: _____

Reviewed By: _____ Title: _____

Date of Review: _____ Approved: _____ Not Approved: _____

Comments: _____
