

Choose one:

Renewal

New



Colchester, East Haddam, East Hampton, Hebron, Marlborough, & Portland

DIRECTOR of HEALTH
Russell Melmed, MPH RS

Cash _____
Check # _____
Fee paid _____

Mobile Food Unit Application 2022

Name of Mobile Unit _____

Trailer License plate # _____ (each truck/trailer requires a separate license)

Owner's Name _____ Phone _____

Owner's Mailing Address _____

Email address _____

If you did not have MFU license with CHD previously a Mobile Food Unit Plan Review Application must be submitted and approved, a preoperational inspection shall be completed prior to any license issuance.

Annually the following must be submitted:

Menu

Water test

CFPM Certificate(s) must be submitted with this application (Class 2, 3 and 4)

CLASS 2, 3 & 4 MOBILE VENDORS MUST COMPLETE THE FOLLOWING:

Name of Certified Food Protection Manager (CFPM) _____

Date of Expiration on Certificate _____

Certificates must be current. Expired certificates will not be accepted. Issue date shall be no longer than 5 years ago.

The CFPM will be onsite, in a supervisory position with authority, responsible for training all personnel, ensuring safe food handling practices and be in compliance with the 2017 FDA Food Code.

Signature of Applicant or CFPM X _____ Date: _____

-----FOR OFFICAL USE ONLY-----

Classification:

Class 1 & 2 FEE \$100

____ Class 1- Packaged food or food prepared in establishment that is time and temperature controlled for safety (TCS)

____ Class 2- Cold food prep and Non TCS, Hot food cook and serve TCS

Class 3 & 4 FEE \$150

____ Class 3- Hot food, cook/hold/cool/reheat/serve

____ Class 4- Serves highly susceptible population or conducts specialized food processes

Sanitarian Approval/ Signature _____ Date _____

Revised 12/10/2018

Main Office: 240 Middletown Avenue, East Hampton 06424

Tel: (860) 365-0884 • Fax: (860) 365-0885

www.chathamhealth.org