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## 2024 TEMPORARY FOOD LICENSE APPLICATION

Please read the application in its entirety before completing it.

- The **PERSON IN CHARGE** of each temporary food establishment (TFE) booth must complete this application.
- Completed applications and all necessary documentation and fees must be received by Chatham Health District before the application is reviewed.
- Incomplete applications, or applications without the appropriate fee will not be reviewed.
- Applications submitted later than 10 business days prior to an event are subject to a late fee. (see the example calendar below)
- Applications will not be accepted when submitted later than 5 business days prior to an event (i.e. **you will not be allowed to operate your establishment at the event**).

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		10 days prior	9 days prior	8 days prior	7 days prior	
	6 days prior	5 days prior	4 days prior	3 days prior	Holiday	
	2 days prior	1 day prior	Event (Day 0)			

On-time Application Deadline	
Late Fee Applies	
Application not accepted; no license issued	

\_\_\_\_\_  
**Name of CFPM or Person in charge** with Temporary Event Training Certification (include copy of certificate)

\_\_\_\_\_  
Name of Business/ Association

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone#

\_\_\_\_\_  
Email Address

**Commercial Fee**

\_\_\_\_\_ \$55.00 for one day event  
\_\_\_\_\_ \$85.00 for two day event  
\_\_\_\_\_ \$140.00 for three or more days  
\_\_\_\_\_ \$165.00 annual events at which 20+ vendors  
attended the previous year

**“Non-profit” Fee**

\_\_\_\_\_ \$30.00 for one day event  
\_\_\_\_\_ \$40.00 for two day event  
\_\_\_\_\_ \$75.00 for three or more days  
\_\_\_\_\_ \$75.00 annual events at which 20+ vendors  
attended the previous year

\_\_\_\_\_ **Late fee: 50% of above event fee up to a maximum of \$75**

\_\_\_\_\_  
Name & Address of Event: \_\_\_\_\_

\_\_\_\_\_  
Date(s) of Event: \_\_\_\_\_

\_\_\_\_\_  
Hours of the Event: \_\_\_\_\_

\_\_\_\_\_  
Date and time the TFE will be ready for inspection: \_\_\_\_\_

**NO HOME COOKED FOODS OR FOODS PREPARED IN AN UNAPPROVED FACILITY ARE PERMITTED**

**Provide all of the following:**

- A sketch of booth, tent or trailer and include all equipment.
- If more than 5 booths are proposed a drawing of the **entire event area** is required, depicting their TFE site in relation to the potable water supply, electrical sources, the waste water disposal area, lavatories, etc., as well as all food preparation and service areas at the event is required.
- A **COPY** of **CFPM** or **Temporary Event Training Certificate** for the person in charge

**Please provide the following information: All questions MUST be answered to determine if your food permit will be approved. (If any of the following questions do not apply please answer with N/A).**

1. Menu: Please list all food and beverage items to be prepared and served at temporary event (attach on separate sheet if necessary)

Hot Food: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cold Food: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beverages: \_\_\_\_\_  
\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_

2. Will all food be prepared at the temporary food event?

\_\_\_\_\_ YES  
\_\_\_\_\_ NO

3. Describe the food source and operation approach at the event:

Note: **There shall be no home cooking or home preparation of food offered at temporary food events. All food must be obtained from a licensed and permitted retail or wholesale distributor.**

- a. Food prepared or precooked at a licensed kitchen or restaurant. Yes \_\_\_\_\_
- b. Precooked food ordered/purchased or donated by food establishment. Yes \_\_\_\_\_
- c. Food will be cooked on the premises. Yes \_\_\_\_\_ Mobile Vendor Yes \_\_\_\_\_

4. If you answered yes to question 3a or 3b

a. Name of licensed food establishment \_\_\_\_\_  
b. Address of licensed establishment \_\_\_\_\_

c. Please submit license to Chatham Health District with this application if issued outside the Chatham Health District.

5. Describe how Potentially Hazardous Foods (PHF) will be transported from the licensed kitchen to the event SAFELY within adequate temperature range (be specific):

Thermal Vehicles: \_\_\_\_\_ Cooler with Ice: \_\_\_\_\_

Thermal Box: \_\_\_\_\_ Thermal Bag: \_\_\_\_\_

Other (describe): \_\_\_\_\_

NOTE: record time and temperatures of all products before leaving base of operation (this allows Chatham Health District to allow reheating or rapid chilling of food product onsite rather than discarding food items)

6. Identify cooking equipment and approach, choose as many as apply:

\_\_\_\_\_ Gas Grill \_\_\_\_\_ Kettle (corn) \_\_\_\_\_ Smoker

\_\_\_\_\_ Steamer \_\_\_\_\_ Propane burner/Stove \_\_\_\_\_ Deep Fryer

\_\_\_\_\_ Conventional Oven

\_\_\_\_\_ Other(specify) \_\_\_\_\_

7. What heat source will be used to keep food hot at 135 degrees and above?

\_\_\_\_\_ Electric Steamer \_\_\_\_\_ Chaffing dishes

\_\_\_\_\_ Grill \_\_\_\_\_ N/A (cold food only)

\_\_\_\_\_ Propane Steamer

\_\_\_\_\_ Other(describe) \_\_\_\_\_

8. Describe how cold foods will be kept at 41 degrees and below.

\_\_\_\_\_ Commercial cooler/freezer \_\_\_\_\_ Cooler with Ice

\_\_\_\_\_ Ice packs \_\_\_\_\_ Other (describe) \_\_\_\_\_

9. You are required to have thermometers and a way to sanitize thermometers onsite. Select from items below which you will have onsite:

\_\_\_\_\_ Digital thin probe thermometer \_\_\_\_\_ Alcohol Swabs

\_\_\_\_\_ Cooler thermometers \_\_\_\_\_ Metal Stem Thermometers

10. Describe how electricity will be provided to the temporary food establishment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. List all places (names and addresses) where the food and/or ice is purchased (especially meats, poultry, seafood (shellfish tags must be kept with the product and held for 90 days)). (ie: BJ's Restaurant Depot)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Identify the source of the potable water supply and describe how water will be stored and distributed at the temporary food event. If a non-public water supply is to be used you must submit most recent water tests with this application.

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13. What will be provided for washing facilities to be used by employees.

- a. Commercial Electric Portable hand washing station \_\_\_\_\_
- b. Portable hand washing set up: Yes \_\_\_\_\_, MUST include all listed items below:
  - \_\_\_\_\_ Thermal water tank with Spigot
  - \_\_\_\_\_ Waste Water Bucket
  - \_\_\_\_\_ Soap
  - \_\_\_\_\_ Paper Towels

14. How and where will equipment and utensils be washed?

- a. Commercial ware washing facility on event premises
- b. Portable 3-bay sink
- c. Three containers of suitable size (adequate for submerging largest piece of equipment)
- d. Will bring back to the base of operation to wash (ONLY for events less than 4 hours)
- e. Not applicable (if using single service utensils or prepackaged foods)

15. What type of sanitizer will be used? You must provide corresponding test strips to be sure sanitizer is the correct concentration.

- \_\_\_\_\_ Chlorine Sanitizer (bleach and water solution)
- \_\_\_\_\_ Quaternary ammonium solution

16. Waste water and grease disposal: Describe how wastewater will be collected, stored and disposed. **NOTE: No waste water or grease is permitted to be disposed of on the ground or down a storm drain.**

- \_\_\_\_\_ Collected by event coordinator
- \_\_\_\_\_ Bring back to base of operation

17. Garbage containers: Describe the number and location of garbage containers.

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18. Food protection equipment required:

- a. Tent required if food will be prepared, cooked and dispensed outside
- b. Food MUST be properly covered, sneeze guards will be required for self-serve or areas open to the public
- c. Adequate shelves required for storing food and food service items, containers MUST be off the floor

19. Personal Hygiene

- \_\_\_\_\_ Effective hair restraints (hat or hair net)
- \_\_\_\_\_ Clean outer clothes including apron
- \_\_\_\_\_ No exposed open cuts/wounds
- \_\_\_\_\_ Food grade gloves

**NOTE: Any personnel with undiagnosed fever, diarrhea, vomiting are prohibited from working 72 Hours after they become symptomatic. If there is any questions regarding this please contact Chatham Health District.**

20. List all employee/volunteer names, address, phone number, shift worked and duties. Please see employee log attached.

**Statement:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Chatham Health District may nullify final approval. I certify that I have received and have read the Guidelines for Food Service at Temporary Events and that the above-described establishment will be operated and maintained in accordance with these Guidelines and the Public Health Code of the State of Connecticut. I Certify that **I am the responsible party and will be onsite during the event to ensure proper procedures and cleanliness.** I understand this is an application only, not a permit until reviewed and signed by a sanitarian.

I will fill out the attached log, Attachment C, and keep it on file for 90 Days.

**Person in charge Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

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for office use only   for office use only   for office use only   for office use only   for office use only

Training certificate provided and reviewed - Circle one:    **CFPM**   or   **TFE**

Date Sanitarian contacted applicant \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPROVAL:**    \_\_\_\_\_ YES    \_\_\_\_\_ NO

**CLASS:**    I   II   III   IV

Any Permit Restrictions: \_\_\_\_\_

\_\_\_\_\_

**Sanitarian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# Food Booth Checklist

**In order to prepare for CHD to inspect your booth, please ensure the items below are completed and available.  
The Inspector will ask to see this form is completed prior to inspection.**

**Booth Name** \_\_\_\_\_

**Date** \_\_\_\_\_

- \_\_\_\_\_ Completed Worker Sign-in Form
- \_\_\_\_\_ Water from approved source (backflow preventer and food grade hoses when needed)
- \_\_\_\_\_ Waste water disposed of in an approved manner (not on the ground)
- \_\_\_\_\_ Restroom facilities sanitary and convenient for food workers (hand washing station encouraged).
- \_\_\_\_\_ Hand washing facilities with hot water from dispenser with spigot, liquid soap, paper towels, waste water container and trash can.
- \_\_\_\_\_ Trash cans convenient, emptied regularly in a sanitary way and location.
- \_\_\_\_\_ Adequate and calibrated food thermometers, alcohol wipes/sanitizers
- \_\_\_\_\_ Working thermometers for all cold holding units.
- \_\_\_\_\_ Working and clean facilities to keep cold foods cold (<41°F internal temperature)
- \_\_\_\_\_ Facilities to cook and keep food hot (>135°F for internal holding temperatures)
- \_\_\_\_\_ Food cooked and held at proper temperatures and staff knowledge of temperatures
- \_\_\_\_\_ Food protected at all times (covered and off the ground)
- \_\_\_\_\_ Separate areas and/or utensils/cutting boards for poultry, meats, seafood, and non PHF
- \_\_\_\_\_ Wiping rags in clean, labeled bucket with sanitizer
- \_\_\_\_\_ Minimizing bare hand contact and frequent hand washing
- \_\_\_\_\_ Staff attire-hairnets or hats, clothing clean and covered by apron, minimal jewelry, closed toed shoes, no exposed cuts, burns or open wounds
- \_\_\_\_\_ Establishment clean

**Completed by X** \_\_\_\_\_

