Public Health
Prevent. Promote. Protect.

Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483
T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org
Ansonia Beacon Falls Derby Naugatuck Seymour Shelton

*Applications must be complete and **submitted with payment to NVHD at least 14 days before the event.**

Application for Temporary Food Event Permit

Permit Fees: All fees are non-refundable	**A LATE FEE will be applied if the application is not received:**
1 day event with TCS foods…….**$75.00** **Class 2, 3, 4:** *Time/Temperature for Safety foods examples: meats, eggs, fish* 1 day event with non-TCS food……**$30.00** **Class 1**: *Non-Time/Temperature for Safety foods examples: popcorn, cotton candy, cookies, lemonade* Each additional day……**$10.00**	7 business days before the event……**$20.00** 2 business days before the event…… $**50.00** **No late fee waivers will be granted.**

You may submit an application in-person, by mail or email. Email to NVHDEH@nvhd.org.
Applications will not be processed or reviewed by staff until payment is received.
We accept cash, checks payable to NVHD and credit card by calling (203) 881-3255 x 0.

NVHD RESERVES THE RIGHT TO REFUSE INCOMPLETE APPLICATIONS AND/OR APPLICATIONS RECEIVED TWO BUSINESS DAYS BEFORE THE EVENT.

Event Information: **NAME OF THE EVENT:** _____

Location & Town: _____ Date(s): _____ Time(s): _____

Event Coordinator Name: _____ Phone: _____ E-mail: _____

Permit Holder/Person in Charge Information:

Name: _____ Phone: _____ E-mail: _____

Certified Food Protection Manager (CFPM): _____ Expiration Date: _____

Class 2, 3, 4 food establishments and both profit/non-profit organizations are required to have a CFPM onsite. Please submit a copy of the certification with your application. Vendors will not be allowed to operate without fulfilling this requirement.

Vendor Information (booth, truck, trailer, etc.):

Name: _____ Address: _____
City *State* *Zip Code*

Type of Vendor: ☐ Food Booth with Overhead Protection (Must be Fire Rated) ☐ Concession Trailer/Truck

Power Source: ☐ Temporary Electrical Connection ☐ Permanent Electrical Connection
☐ Portable Generator ☐ Other: _____

Where will food be purchased? _____ **(keep receipts & bring to event for reference)**

Will food be purchased on the day of the event? ☐ Yes ☐ *No

*If **no**, attach a copy of the current Food Service Establishment (FSE) license and most recent inspection report to this application. If you are granted permission from a licensed FSE for the use of their kitchen, you must also attach a letter of authorization from the FSE owner for the use of their licensed kitchen.

Name of FSE used for Food Storage: _____ Address: _____

Menu Items

All food must be prepared in the licensed facility.
Home cooked foods or foods prepared in an unapproved facility are **NOT** permitted.

Food Item	Hot	Cold	List all preparation steps and final internal temperature	Cooking & Reheating Methods
Example: Grilled chicken	X		Marinate chicken in refrigerator, grill to 165F at event	Gas Grill

Approved Food Source(s): (Check all that apply)

☐ Meat and Poultry- USDA or CT Dept. of Ag Approved	☐ Dairy/Eggs- USDA or CT Dept. of Ag Approved
☐ Fish- Commercially Caught	☐ Shellfish- FDA Approved- Shellfish Shippers Tags

On-Site Control Methods: (Check all that apply)

Hot Holding	Cold Holding	Transport	Food Protection:
☐ Electric Steam Table ☐ Electric Warmer/Cabinet ☐ Gas Grill ☐ Stove/Oven ☐ Other: _____	☐ Refrigerators ☐ Coolers and Ice ☐ Freezer Chest ☐ Refrigerated Truck ☐ Other: _____	☐ Cambros ☐ Coolers and Ice ☐ Mobile Refrigeration ☐ Other: _____	☐ Individually Wrapped ☐ Single Service packages ☐ Kept covered ☐ Food Storage – Tables/Pallets ****Food must be kept off the ground****

Hand Washing:	Water Supply:	Sanitizing:	Toilet/Trash Facilities:
(to include water, soap, single-use paper towels) ☐ Temporary Hand Sink ☐ Commercial Portable Sink ☐ Hand Sink on Trailer/Truck	☐ Public Water ☐ Private Well- Submit Analysis ☐ Other: _____ ***Class 2, 3, 4 may require a hot water supply**	Equipment Used: ☐ 3- Bay ☐ Basin Set-up Sanitizer Solution Used: ☐ Chlorine/Bleach ☐ Quaternary Ammonia	☐ Restrooms on-site ☐ Portable Toilets ☐ Garbage Receptacle on-site ☐ Other: _____

Where will liquids and grease be disposed of?_____

Sketch Sheet: In the space provided please draw the layout of the food booth, truck. Identify hand wash sinks, warewashing facilities, restrooms, garbage disposal, food prep tables, cooking equipment, hot and cold holding equipment, tables, etc. If applicable, also note the location ofoutdoor grills and tents. Use a separate sheet if necessary.

As the permit holder, I certify that I have received and reviewed Naugatuck Valley Health District's **Food Safety Guidelines for Temporary Events Brochure** and the above-described food event/vendor will be operated and maintained in accordance with said Guidelines, the **State of Connecticut Public Health Code, and the Food & Drug Administration Food Code,** as applicable to my operation. I fully understand that any deviation from the above application may result in the closure of the food vendor. **I am required to have the items listed below on-site during the event**:

☐ Sanitizer Solution (Chlorine or Quat)	☐ Non-Latex Gloves	☐ Datemarked Food Items
☐ Chemical Test Strips (for sanitizing solution)	☐ Extra Cooking/dispensing utensils	☐ Allergen Statement Posted
☐ Digital thin probe thermometer	☐ Adequate supply of potable water	☐ Consumer Advisory (if applicable)
☐ Alcohol Swabs (to sanitize thermometer)	☐ Thermometers inside all units	☐ Form 1-B
☐ Hair Restraints(hats, hairnets, beard nets, etc.)	☐ Food Container Labels	☐ Vomit & Diarrhea Clean Up Plan

☐ **I have attached copies of the required documentation:**

☐ CFPM Certificate

☐ Base of Operation license & most recent inspection report for licensed establishment used **AND** if applicable, a letter of authorization from an establishment owner for the use of their licensed kitchen.

_____	_____	_____
Signature of Permit Holder	**Name Printed**	**Date**

This Section for Office Use Only Date Payment Received:_____ Total Fee Paid: $_____

Payment Type: ☐ Cash ☐ Credit Card ☐ Check Receipt #:_____

Date Reviewed:_____ Approved By:_____ Delivery Method:_____