



KILLINGWORTH HEALTH DEPARTMENT

323 ROUTE 81, KILLINGWORTH, CT 06419

PHONE: (860)663-1765 FAX: (860)663-3305

APPLICATION FOR TEMPORARY FOOD EVENT LICENSE

Name of Event: _____

Date(s)/Time(s) of Event: _____

Location of event: _____

- If a tent is being erected you must contact the Building Department
- If any signage is erected you must contact the Zoning Department

Name of Food Event Operator(s)/Supervisors(s): _____

Address: _____

Contact Information: _____

Name of Event Coordinator _____

List all items on the proposed menu plus condiments on the table provided on Page 3.

1. Describe where frozen, cold and hot food will be stored prior to the event and transported:

Name of establishment: _____

Address: _____

Licensing agency: _____ Expiration date: _____

When will food be delivered? _____

How will it be delivered?

2. How will food be kept cold? (below 45°F) (examples: meats, poultry, seafood, dairy products):

3. Describe how hot foods will be cooked. Describe equipment used to keep hot potentially hazardous foods hot (above 140°F) (examples: cooked ready-to-serve meats, poultry, seafood, rice, vegetables etc.):

4. Describe how food will be protected from the public (example: muffins will be individually wrapped in saran wrap, condiments in single-service packages).

5. Describe number , location, and set-up of hand washing facilities to be used by food workers:

6. How will utensils, cutting boards, thermometers and other food contact surfaces be sanitized, stored & transported?

7. Toilet facilities and location: circle one: Rest Rooms Portable Toilets

8. Type of potable water supply:

- On-site well – You must submit the results of the most recent water test
- Bottled water only

9. Describe garbage disposal: _____

Please draw a layout of proposed operation: (Identify handwashing facilities, restrooms, dishwashing facilities, garbage cans, food prep tables, customer service area, food storage, cooking equipment, hot and cold holding equipment etc...

Menu Items

❖ **Please note:** food items prepared in a non-commercial kitchen in advance *may not* be permitted

Food Item Includes beverages, desserts, salads and condiments	Source (Check one)	Where prepared? Where purchased?
	<input type="checkbox"/> Made by organization <input type="checkbox"/> Commercially made	
	<input type="checkbox"/> Made by organization <input type="checkbox"/> Commercially made	
	<input type="checkbox"/> Made by organization <input type="checkbox"/> Commercially made	
	<input type="checkbox"/> Made by organization <input type="checkbox"/> Commercially made	
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I have read the **Temporary Food Event General Information Packet** and agree to comply with regulation of the **State of Connecticut Public Health Code**. I fully understand that any deviation from the above without permission from the Health Department may nullify final approval.

Signature of Event Operator/Supervisor

Date

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↓ OFFICE USE ONLY ↓
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Application reviewed by: _____

Comments:

Approved by: _____ Date: _____

Temporary License Fee: _____ Fee paid: _____ Date paid: _____