



# Northeast District Department of Health

69 South Main Street, Unit 4

Brooklyn, CT 06234

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*Sanitarian Approved*

*Initial: \_\_\_\_\_*

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

*Emailed: \_\_\_\_\_*

## TEMPORARY FOOD LICENSE APPLICATION

**PLEASE NOTE: Applications are due 10 business days prior to the event and any application received less than 5 business days prior to the event is subject to a late fee**

### *I. Event*

Name of Organization Applying for Permit: \_\_\_\_\_

Title of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_

Type of Facility, e.g. Church, Food Booth, Food Cart, etc. \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Operation Times: \_\_\_\_\_

Is the above organization a non-profit? Yes  No  If so, tax exempt # \_\_\_\_\_

**Food Trucks Only:** Are you permitted under another Health Depart.??\* Yes  No

\*Please provide a copy of the latest Food Truck Inspection and copy of current permit

### *II. Contact Person (applicant or manager of event):*

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

CFPM certified or FAST trained staff person overseeing the event:

*(COPY OF CERTIFICATE MUST BE ATTACHED TO APPLICATION)*

Name: \_\_\_\_\_ Phone(C): \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### *III. Please list all items on proposed menu:*

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**Please Complete Reverse Side**

*IV. Anticipated number of people to be served:* \_\_\_\_\_

***V. Food Storage/Disposal:***

How will foods be stored at the proper temperatures:

Hot Holding: \_\_\_\_\_

Cold Holding: \_\_\_\_\_

Method of grease disposal: \_\_\_\_\_

What are your transportation methods (if applicable): \_\_\_\_\_

What/who is your food source? \_\_\_\_\_

What are your overnight storage methods? \_\_\_\_\_

If a booth, is there running water? Yes \_\_\_\_\_ No \_\_\_\_\_ Hot? \_\_\_\_\_ Cold? \_\_\_\_\_

Water Supply: Public \_\_\_\_\_ Private Well \_\_\_\_\_ Other \_\_\_\_\_ Date water last tested: \_\_\_\_\_

**NOTE: PRIOR TO ANY PERMIT BEING ISSUED, A CURRENT WATER TEST (WITHIN ONE YEAR) MUST BE ON FILE IN THIS OFFICE.**

***V. Please list the names of all volunteers:***

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

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**NDDH Use Only:**      Class: 1   2   3   4                      CC    E-Check    Cash

Food Service Permit Fee: \_\_\_\_\_ Receipt # \_\_\_\_\_ CK# \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Late/Penalty/Other Fee: \_\_\_\_\_ Receipt # \_\_\_\_\_ CK# \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_