



Northeast District Department of Health

69 South Main Street, Unit 4

Brooklyn, CT 06234

Phone - (860) 774-7350 / Fax - (860) 774-1308

www.nddh.org

email@nddh.org

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:

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? _____

Handwashing station is required (describe set up): _____

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:

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 ____ / ____ / ____