



Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234
860-774-7350 / Fax 860-774-1308 www.nddh.org

Temporary Food Vendor Checklist

Temporary permits are offered for all establishments operating 7 or less days/events per calendar year, applications are due 10 days prior to the event, and applications received less than 5 days prior to the event are subject to a late fee.

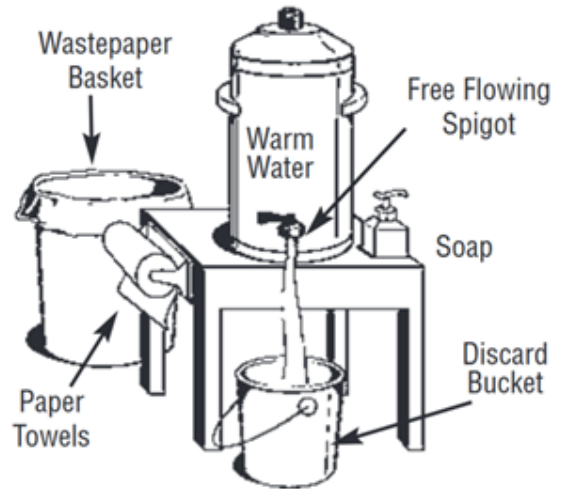
All items are required before the processing of an application is completed:

- ☐ Completed Application for Temporary Food License Application
- ☐ [CT Dept of Consumer Protection License](#) or State equivalent (Bakery, Non-alcoholic Beverage/Cider, wholesale and retail frozen desserts)
- ☐ [Cottage Food License](#) or State equivalent (food product at home with the intent to sell directly to consumers. Products may not be shipped to customers. The transaction **must** occur in CT)
- ☐ Menu (determines Food Class)
- ☐ CFPM Certificates (for Class 2, 3, & 4)
- ☐ Handwashing station, including hot water (holding tank for collecting wastewater)
- ☐ 3 bay sink (wash, rinse, sanitize)
- ☐ Adequate mechanical refrigeration/freezer space for goods. Adequate prep space. Adequate hot holding space/units, if applicable. Explanation of temperature control during transportation.
- ☐ Floor plan of the event set up
- ☐ Copy of recent water test (if using private well) or copy of water bill (if using Public Water)
- ☐ Location of food prep (**no home preparation is permitted** – permitted or commissary kitchen required)
- ☐ Plan for disposal of collections (waste, wastewater, grease, etc.)
- ☐ Proper documentation (Ill Worker Policy 1B form, Allergen poster, Vomit & Diarrhea Clean Up plan and Spill Kit, CFPM copies, Menu, Pest Control Plan, PIC Reporting policy, etc.)
- ☐ Check with Zoning and Fire Marshal for each Town
- ☐ Separate storage for chemicals

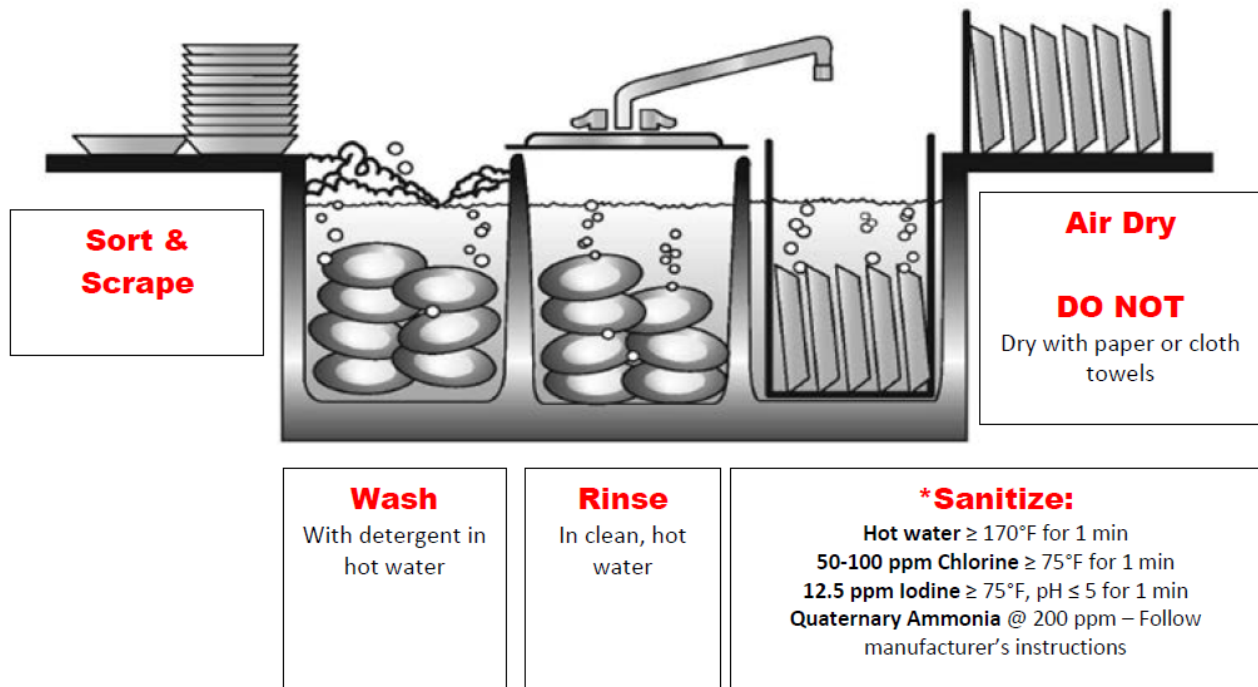
Temporary Event Setup Guidelines

Handwash Sinks Requirements:

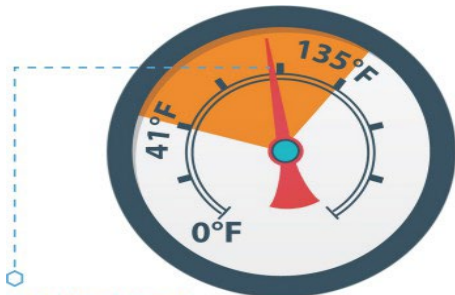
- Hot water (at 85°F)
 - Can be heated with an electric teakettle
- Hand soap
- Paper towels
- Trash receptacle
- Discard buckets (properly disposed of after event- not dumped directly on ground)



3 Bay Sinks Requirements (can use large plastic containers):



Temperature Danger Zone:



PREVENTION TIP
Keep hot food hot and cold food cold.

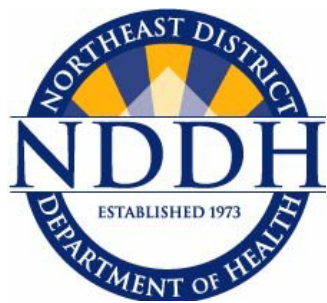
If food stays in the temperature danger zone:

- After 2 hours, food becomes a risk
- After 4 hours, food is harmful and unsafe to eat

Back Flow Preventors:

- Hose Bibb Vacuum breakers are required on all threaded faucets to prevent back flow into the water supply.
- Only Non-toxic Drinking Water hoses may be attached to a booth or mobile unit.
GARDEN HOSES ARE NOT ACCEPTED
(Drinking water hoses are available at most hardware stores and all camper supply stores)





Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234

860-774-7350 / Fax 860-774-1308 www.nddh.org

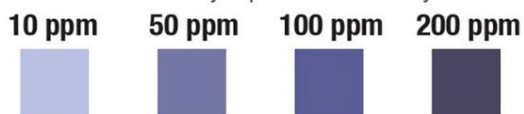
Temporary Event Sanitizer Requirements

- Chlorine or QAC sanitizers are required for proper sanitation per the FDA food code.
- Sanitizing solutions must be made daily using warm water.
- All containers must be properly labeled with the type of sanitizer, correct solution strength, and date of preparation.
- Sprayed surfaces must be wet for one minute before wiping dry with a disposable paper towel.
- Wet wiped surfaces must wait two minutes before being wiped dry with a disposable paper towel.

Chlorine solutions must be between 50-100ppm:

Chlorine Test Paper

Dip one test strip into solution without agitation.
Blot dry. Compare immediately to color chart.
Color indicates approximate strength of the solution as total available chlorine. High concentrations will bleach the strip white and a thin blue line may separate wet from dry area.

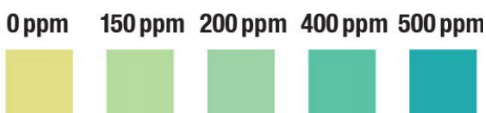


Water	Bleach Strength 2.75%	Bleach Strength 5.25-6.25%	Bleach Strength 8.25%
1 Gallon	1 Tbsp	2 tsp	1 tsp
1 Quart	1 tsp	½ tsp	¼ tsp

QAC solutions must be between 200-400ppm:

QAC QR5 Test Paper

Dip strip into solution for 1 second. Remove and allow 5-10 seconds for color to develop.
Compare to chart. Best results obtained between 65-75°F.





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 ____/____/____