



The Milford Health Department

82 New Haven Avenue ♦ Milford, CT 06460

Tel 203.783.3285 ♦ Fax 203.783.3286

APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT Fee: \$50.00, Non-profit - \$1.00

All vendors serving food and beverages to the public on a temporary basis are required to have a food service permit. Temporary permits are valid for a maximum of two (2) consecutive weeks. Please complete the permit application and return it to this office no later than **10 workings days prior to the event**. If you are a licensed non-Milford food establishment, **please also provide a copy of your food license**.

FEE PAID: _____

Name of event: _____

Event Location: _____

Name of Person completing application: _____

Street Address: _____

Name of Operator/Organization: _____

Address: _____

Contact Phone: (W): _____ (C): _____

LIST PRIMARY FOOD HANDLERS AT THE EVENT:

Name **(Person In Charge of Booth Here)** Name

Name Name

Name Name

You must keep on file a list of employees who work in the food booth

Date of Event: _____ Hours of Event: _____

Date/Time of Set-Up: _____ Anticipated Peak Attendance: _____

Please list **ALL** foods sold/offered including condiments etc: **(Use back of this sheet if necessary)**

No food prepared at home is allowed at the event

How will food be stored prior to and during transportation to the event? (Example, coolers with ice, hot food carriers, refrigerated truck, etc): _____

What equipment will be used to heat/cook hot food on site? _____

How will each food item be held hot &/or cold at the event to maintain required temperatures? _____

Describe means for hand washing in the food booth: (see attached sketch) _____

Describe how utensils, equipment, cutting boards, etc. will be washed, rinsed, sanitized: (see attached sketch)____

What restroom facilities are available? _____

Date of water analysis: (If event location is served by a private well) _____

Describe how garbage, trash and unused food will be discarded: _____

❖ **ATTACH A SKETCH OF THE FOOD BOOTH SET-UP**

The undersigned owner agrees to abide by all State and Local Ordinances in regard to the dispensing of food and beverages with the understanding that failure to comply with the before mentioned may result in the revocation or the suspension of your food license.

Signature: _____ Date: _____

For office use only

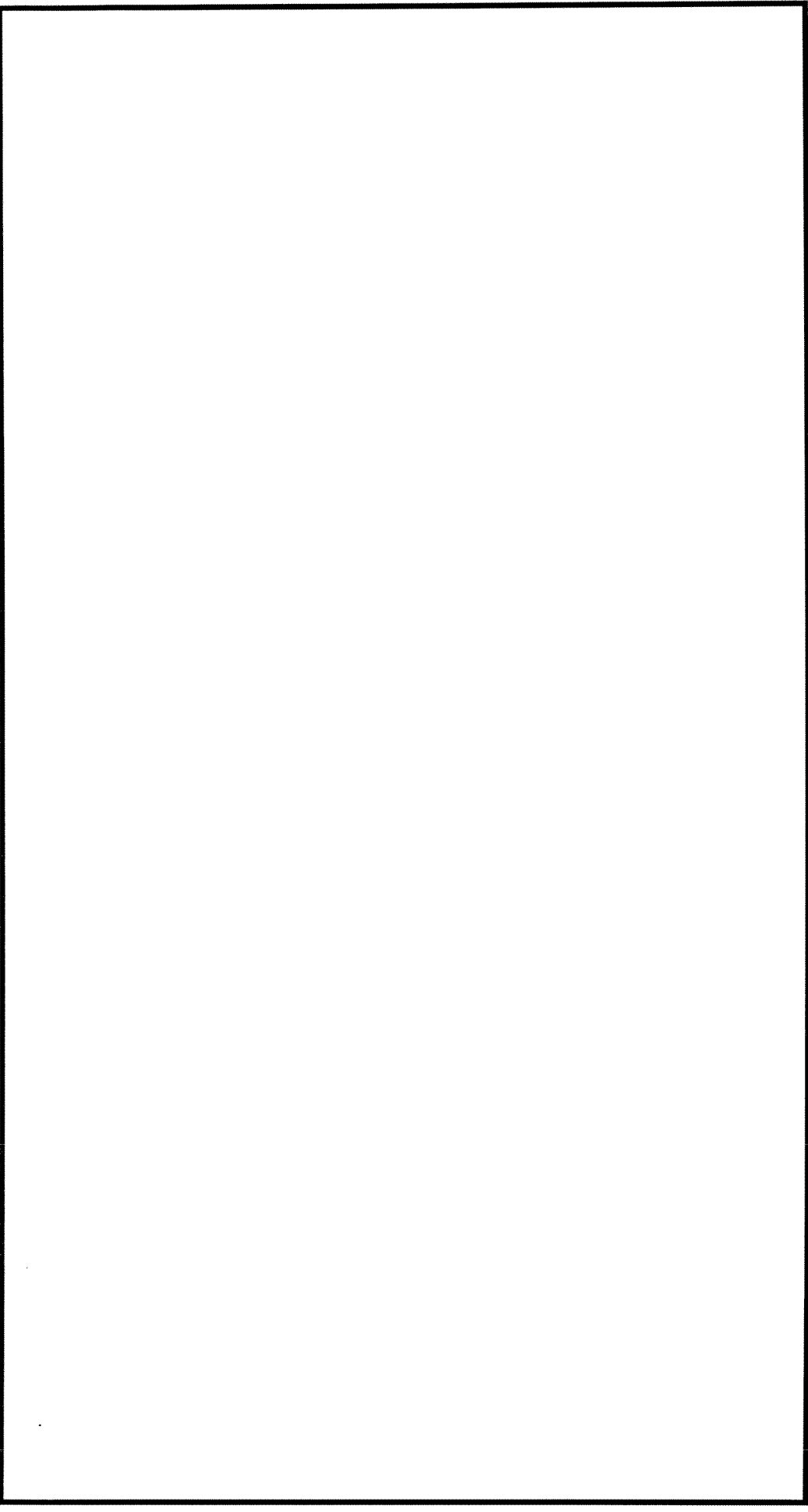
Application reviewed by: _____ Date: _____

Comments: _____

Attachment A

Drawing of Temporary Food Booth Set-Up

In the following space, provide a drawing of the Temporary Food Booth set-up. Identify and describe all equipment, including cooking and cold holding equipment, hand washing facilities, worktables, dishwashing facilities, food and single service storage, garbage containers, and customer service areas. Refer to the *Temporary Event & Temporary Food Service* guidelines for information.



TEMPORARY EVENT Booth Volunteer Sign-In

Name

Phone #

Time-In

Time-Out

PLEASE PRINT