The Milford Health Department

82 New Haven Avenue ♦ Milford, CT ♦ 203-783-3285 ♦ Fax 203-783-3286

https://www.ci.milford.ct.us/health-department

APPLICATION FOR ITINERANT FOOD VENDING ESTABLISHMENT LICENSE

Pursuant to Chapter 8 of the Code of Ordinances of the City of Milford, Connecticut, application is hereby made for a license to operate an Itinerant Food Vending Establishment. By this application it is hereby agreed that the food establishment will comply with applicable provisions of the Connecticut State Public Health Code and the Code of Ordinances of the City of Milford, Connecticut. Licenses are not transferable.

Name of Business: _____

Name of Legal Owner/Permit Holder: _____ Phone: _____

Business Address (Street/Town/Zip): _____

Mailing Address (Street/Town/Zip): _____

Email Address of Owner: _____ Cell Phone # for 24-hour Emergency Contact: _____

Name of the Person in Charge (PIC): _____
(IF OTHER THAN OWNER)

Email Address of PIC: _____ Cell Phone # for 24-hour Emergency Contact: _____

Food Establishment Classification: ☐ Class 1 Fee $125 ☐ Class 2 Fee $200 ☐ Class 3 Fee $275 ☐ Class 4 Fee $325

Class 2, 3, and 4 Only: Certified Food Protection Manager Name (CFPM): _____

Designated Alternate Name CFPM: _____

CT DMV License Plate Number: _____ Make/ Model: _____ Color: _____

Town/State where the Vehicle is registered: _____

Months of Operation (i.e. May – Sept, Year Round): _____

Describe how Mobile Unit will be winterized: _____

Antifreeze type: _____

Location where food is prepared: ☐ Onsite ☐ Commissary/Base Kitchen (See Base of Operation Declaration Form)

Type of Vending, Check one: ☐ One Primary Vending Location ☐ Transient/Multiple Locations

If vending from one primary location, indicate site address: _____

***Note: A mobile unit that is set-up at one location must have approved restroom access within 200 feet of the vehicle. A restroom agreement letter is required. A mobile unit that has a route, such as a lunch truck, must provide the route or itinerary each month or when the itinerary changes.*

Type of Water Supply: ☐ Public ☐ Well ☐ Other: _____ Location of water supply: ☐ Commissary ☐ Other: _____

***Note: If water is from a well, water test results from a CT certified laboratory prior to the issuance of an annual license is required.*

Location Where Waste Water is Disposed: _____

***Note: You may not discard your wastewater into a storm drain or on the ground surface.*

I understand that NO food can be prepared or food/food equipment stored in my home: ☐ Yes ☐ No

☐ The undersigned agrees to comply with all regulations and ordinances enforced by the City of Milford Health Department. You must contact the Environmental Health Division at 203-783-3287 if you propose changes at any time in menu, equipment, facility or any of the above referenced information.

Owner/PIC Signature: _____ Date: _____

Print name: _____

FOR OFFICE USE ONLY

Name of Business: _____

Menu Provided? ☐ Yes ☐ No

Floor Plan & Equipment Acceptable? ☐ Yes ☐ No

CFPM/Alternate CFPM Provided? ☐ Yes ☐ No

Fee Paid: _____

Sanitarian Approval: _____ Date of Inspection: _____