



BASE OF OPERATION DECLARATION FORM

Per Section 8-53 of the Milford Code of Ordinances, all Class 1, 2, & 3 itinerant food vending establishments shall operate from a licensed commissary or other licensed fixed food establishment. Please use this form to provide the health department with required information on your base of operation. Temporary Event & Farmers' Market Vendors – Use this form *only* if food is prepared off site. If you use more than one facility to support your food service business, please submit a separate form for each location.

Itinerant Food Vending Establishment:

Name of Vending Establishment: _____

Name of Legal Owner: _____ Phone: _____

Mailing Address: _____

City/Town: _____ Zip Code: _____

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

Operating as a (Check one): Licensed Itinerant Food Vending Operation (MHD Annual License)
 Temporary Food Event (1-14 day event fixed location)

I understand that no food can be prepared or food/food equipment stored in my home.

Base Operation/Commissary:

The following location is to be used as a base of operation to support the above named itinerant food vending establishment. The Base of Operation facility shall be licensed and inspected by a Local Health Department or the CT Department of Consumer Protection in order to support your food service operation. Please attach a copy of their current license and most recent inspection report. If you use more than one facility to support your food service business, please submit a separate form for each location.

Name of Base Operation: _____

Location/Street Address: _____

City/Town: _____ Zip Code: _____

Name of Legal Owner, Base Operation: _____ Cell phone #: _____

Email of Legal Owner: _____

This kitchen/facility will be used for the following: (Check all that apply)

- Cold food preparation Cold food storage Cooking or reheating Hot holding Cooling
 Dry Food/Supply Storage Ware Washing Solid waste disposal Other: _____

Water Supply at Base Kitchen: Public Private Well Liquid waste disposal: Public sewer Private Septic
 (Water used in the food truck shall be from an approved public water supply or other approved source. Recent water test report required for private wells)

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 Signature

 Date