

(203) 294-2065 health@wallingfordct.gov



45 South Main Street Room 215 Wallingford, CT 06492



Temporary Food Service Permit Application

Applicant Name:	Phone/Email:
Business/Organization Name and Address:	
Certified Food Protection Manager (Departm	nental Discretion):
Name and Location of the Event:	
Dates and Times:	
Anticipated number of attendees:	
to discuss the requirements within 10 business your permit will be mailed. Approved water source (public water s Handwashing set up (with free flowing Approved EPA registered food grade s NSF digital thin probe thermometer w/ Thermometers in each refrigeration un Three bay sink or temporary set up (de Non-latex food grade gloves Proper clean attire, hats/hair restraints Food worker/volunteer log sheet (to be Receipts for food purchased from an approximate the set of the second se	alcohol wipes it (located at the front/warmest part of the unit) epartmental discretion) e kept for 2 weeks after event) epproved source (available upon request) tept for 90 days after event and stored in chronological order) areas (fire rated tents as applicable)
 Single service or covered condiment di Use of a licensed commissary kitchen Itinerant vendors must supply a food so of their most recent inspection report. 	ispensers may be required depending on your offerings and processes ervice license from the town or city that permits them and a copy A Certified Food Protection Manager (if applicable based on
classification) must be present for the electric classification of the electric classificatio	
Signature	Approved by



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Temporary Food Service Menu

Please provide information regarding your proposed offerings (provide menu if available):

Food Item: Common name and list of major ingredients.	Approved Source: Where the food is purchased or provided from.	Preparation and Service: Onsite or Licensed Kitchen, Hot or Cold Holding, Refrigeration or Coolers		



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Temporary Food Service Set Up Plan

Provide a layout of your proposed set up. Please include:

- Food preparation and service areas for specific offerings
- Separate raw and ready to eat food storage areas
- Refrigeration location(s) and type (mechanical/coolers)
- Hot holding location (warming units, cambros, or sterno)
- Hand washing station(s) convenient to service, prep, and ware washing areas
- Above ground storage
- Chemical storage

Photos are encouraged:

- Ware washing area (if applicable)
- Electric generator or service (if applicable)
- General location relative to land marks (if available)



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Temporary Food Service Additional Information

Certified Food Protection Manager (CFPM):

Depending on the size and complexity of your event, the department may require a CFPM to oversee the operations of your event. Information on how to complete the required training can be found on the Town website listed as Certified Food Protection Manager approved testing organizations. Typically, for a large annual event, local volunteers with restaurant experience are used.

Handwashing:

Hand washing stations are required at each food prep area and must be convenient to all service and ware washing areas also. Restroom hand washing sinks may not be used to meet the requirement. Temporary hand washing set ups are encouraged.







Sanitization:

An approved EPA registered sanitizer must be on hand and actively in use for all food contact surfaces. Appropriate test strips must be on hand. The most commonly used sanitizers are chlorine bleach (50-100ppm) and quaternary ammonia (200-500ppm). Other approved sanitizers may be used. At the discretion of the Department, a temporary 3 bay sink set up may be required.



Required internal food temperatures (Digital thin probe thermometer required):

Reheat temperature >165F Hot holding >135F Cold holding <41F

Proper cooking temperatures will be discussed during consultation.



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		p for 2 weeks after event)			
Address	Phone	Email	Date	Hours	Job/ Duties
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