



# TEMPORARY FOOD SERVICE PERMIT APPLICATION

Fee \$10 per day

APPLICANT NAME	BUSINESS NAME
ADDRESS	PHONE
NAME & LOCATION OF EVENT	
DATE(S) & TIME(S)	PROJECTED # ATTENDEES
WILL ALL FOODS BE PREPARED ON SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, PROVIDE NAME & ADDRESS OF APPROVED / LICENSED KITCHEN. (INCLUDE A COPY OF LICENSE IF KITCHEN NOT IN WALLINGFORD)	

**HOME COOKED FOODS OR FOODS PREPARED IN AN UNLICENSED FACILITY ARE NOT PERMITTED**

LIST EACH FOOD ITEM AND DESCRIBE HOW AND WHERE EACH WILL BE PREPARED:		<b>EXAMPLE</b>
FOOD ITEM	<i>Hamburgers and hot dogs</i>	PREPARED: <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/> LICENSED KITCHEN
PREPARATION & STORAGE	<i>Hamburgers grilled using propane grill, stored in cooler on ice in sealed baggies, cooked until juice runs clear. Hot Dogs Cooked on propane grill, stored in sealed baggies in separate ice cooler. All food purchased from a licensed retail store.</i>	
FOOD ITEM		PREPARED: <input type="checkbox"/> ON-SITE <input type="checkbox"/> LICENSED KITCHEN
PREPARATION & STORAGE		
FOOD ITEM		PREPARED: <input type="checkbox"/> ON-SITE <input type="checkbox"/> LICENSED KITCHEN
PREPARATION & STORAGE		
FOOD ITEM		PREPARED: <input type="checkbox"/> ON-SITE <input type="checkbox"/> LICENSED KITCHEN
PREPARATION & STORAGE		



# TEMPORARY FOOD SERVICE PERMIT APPLICATION—PAGE 2

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FOOD ITEM	PREPARED: <input type="checkbox"/> ON-SITE <input type="checkbox"/> LICENSED KITCHEN
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PREPARATION & STORAGE
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FOOD ITEM	PREPARED: <input type="checkbox"/> ON-SITE <input type="checkbox"/> LICENSED KITCHEN
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PREPARATION & STORAGE
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FOOD ITEM	PREPARED: <input type="checkbox"/> ON-SITE <input type="checkbox"/> LICENSED KITCHEN
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PREPARATION & STORAGE
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(IF ADDITIONAL FOOD ITEMS ARE BEING SOLD, PLEASE PROVIDE ADDITIONAL SHEETS.)

**DOCUMENTATION REQUIREMENTS:**

**APPLICATION MUST BE COMPLETED AND APPROVED 10 DAYS PRIOR TO THE EVENT**

1. A LOGBOOK SHOWING THE DATE AND TIME WORKED; NAME, ADDRESS AND PHONE NUMBER OF ALL FOOD HANDLERS FOR EACH DAY OF THE EVENT.
2. THESE DOCUMENTS MUST BE RETAINED FOR 2 WEEKS AFTER THE EVENT AND MADE AVAILABLE TO THE HEALTH DEPARTMENT FOR EXAMINATION UPON REQUEST.
3. A SKETCH OF THE FOOD SERVICE AREA MUST BE SUPPLIED WITH THIS APPLICATION (SEE PAGE 3).

*I certify that I have received and am familiar with Wallingfords "Guidelines for Food Service at Temporary Events" and that the above described event will be operated and maintained in accordance with these Guidelines and the Public Health Code of the State of Connecticut.*

APPLICANTS SIGNATURE

DATE

FOR OFFICE USE ONLY

APPLICATION DATE

REVIEWED BY:

TOTAL FEE PAID

APPROVED



# TEMPORARY FOOD SERVICE PERMIT APPLICATION—PAGE 3

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## SKETCH OF FOOD SERVICE AREA

Be sure to include all applicable facilities in the vendor's area including (but not limited to):  
Food storage and preparation, food holding & serving areas, handwashing stations, warewashing, water & electric supply, lighting, garbage receptacles, tables & chairs, coolers & refrigeration equipment, cash registers, etc.

DRAWN BY: