



**FOOD SERVICE LICENSE APPLICATION  
TEMPORARY EVENT**

Date(s) of Event \_\_\_\_\_  
(License is valid for the date(s) of the event and is valid for a maximum of two (2) weeks)

Event Name \_\_\_\_\_ Event Sponsor \_\_\_\_\_

Location of Event \_\_\_\_\_

Food Booth Name \_\_\_\_\_

Name of Licensee/Applicant \_\_\_\_\_ Owner ( ) or Manager ( )

Mailing Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**Fee: \$35.00 per unit**

Late Charges: Application \$10.00  
Set Up \$ 20.00  
Returned Check Fee \$ 25.00

<b>FOR OFFICE USE ONLY</b>
Fee Paid: _____
License #: _____

**(Return this application, attached Food Booth Information Sheet, required fees, and a floor plan of the food booth 2 weeks prior to the event)**

Quinnipiack Valley Health District

*A Regional Health Department Serving Bethany, Hamden, North Haven and Woodbridge, CT*

1151 Hartford Turnpike . North Haven . CT . 06473 . tel (203) 248-4528 . fax (203) 248-6671 . www.qvhd.org



## FOOD BOOTH INFORMATION SHEET TEMPORARY EVENT

Event Date(s): \_\_\_\_\_ Event Time(s): \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_

Food Booth Name: \_\_\_\_\_

Operator: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name(s) of Shift Supervisor(s): \_\_\_\_\_

<p>List all items on menu including condiments: <b>(If application is approved, only foods listed here will be allowed.)</b></p>	<p>Where will food be purchased?</p> <p>Where will food be stored and/or prepared prior to the event?</p> <p>When and how will food be delivered?</p>
<p>How will cold food be kept cold (below 45<sup>0</sup>)? (Examples: meats, poultry, seafood and dairy products)</p>	<p>How will hot food be kept hot (above 140<sup>0</sup>)?</p>
<p>Describe hand washing facilities at booth.</p>	<p>How will utensils, cutting boards, etc. be sanitized?</p>
<p>Location of employee toilet facility:</p>	<p>Water supply:</p> <p>Waste water disposal:</p>
<p><b>ATTACH A SKETCH OF FOOD BOOTH LAYOUT</b> (to include location and identification of all equipment including hand washing facilities, dishwashing facilities, hot and cold holding facilities, work tables, cooking facilities, etc.)</p>	

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