



QVHD

Quinnipiack Valley Health District

FOOD SERVICE LICENSE APPLICATION

Temporary Event

Telephone: (203) 248-4528

Fax: (203) 248-6671

www.qvhd.org

Event Name: _____

Food Service name: _____

Date(s) of event _____

Address of Event: _____ Bethany Hamden No. Haven Woodbridge

Name of Licensee/ Applicant: _____ Owner () or Manager ()

Mailing Address: _____

_____ Phone _____

Operation is owned: Publicly () Privately () Non-For-Profit ()

Such licensing of temporary food service events is required by Title D of the Regulations of the Quinnipiack Valley Health District and the Regulations of the State Department of Public Health. License is valid for date(s) of event only, not to exceed two (2) weeks.

Fee: \$35.00 per unit

Signature of Applicant: _____

Late Charges: Application \$ 10.00
Set Up \$ 20.00

Returned check fee: \$ 25.00

FOR OFFICE USE ONLY
Fee Paid: _____
License #: _____



**Quinnipiack Valley Health District
1151 Hartford Turnpike North Haven CT
(203) 248-4528 FAX: 248-6671**

**TEMPORARY EVENT
FOOD BOOTH INFO**

EVENT NAME: _____

EVENT LOCATION: _____

EVENT DATE (s): _____

EVENT TIME: _____

NAME OF FOOD BOOTH: _____

OPERATOR : _____

OPERATOR'S ADDRESS: _____

PHONE: _____

NAME OF SHIFT SUPERVISORS: _____

List all items on menu plus condiments:	Where will food be stored and/or prepared prior to event? Name of Establishment: Address: When will food be delivered? How will food be delivered?
How will cold food be kept cold (below 45°)? (Examples: meats, poultry, seafood and dairy products)	How will hot food be kept hot (above 140°)? (Cooked, ready to serve meat, poultry, seafood, rice, vegetables, etc.)
Describe hand washing facilities at booth:	How will utensils, cutting boards, etc. be sanitized?
Location of employee toilet facility:	Water Supply: Waste water disposal:
Layout of operation: ATTACHED FLOOR PLAN	
Approved by: _____	Date:
QVHD Sanitarian	
ITINERANT LICENSE FEE: \$35.00	PAID: