



## Temporary Food Service License Application

Please return the application along with the fee to Uncas Health District a **minimum of two (2) weeks** before the event. It is necessary for the District to be able to schedule inspectors to work at night or on the weekend to inspect each of these events.

1) Event Name: \_\_\_\_\_

Event Location/Address: \_\_\_\_\_

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

Time available for inspection: \_\_\_\_\_

2) Name of Organization applying for license: \_\_\_\_\_

Address: \_\_\_\_\_

Responsible Person: \_\_\_\_\_

- A valid copy of Certified Food Protection Manager (CFPM) Certificate attached
- A valid copy of a Uncas Health District (UHD) FAST class certificate attached

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Day of event cell phone contact # (must be provided):** \_\_\_\_\_

3) List all items on the proposed menu including condiments & beverages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Where will the food be purchased? Identify the sources for each meat, poultry, seafood, dairy, and shellfish item. Include the source of the ice: \_\_\_\_\_  
\_\_\_\_\_

5) Will each of the food items be prepared on-site **or** at a different location prior to the event? If prior, please provide the name and address of the Commercial Food Establishment providing potentially hazardous food. **(Note: No potentially hazardous food may be prepared in a home kitchen. All preparation must be done on-site or in an approved, inspected kitchen):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) How will potentially hazardous foods be transported to the event, including how it will be kept hot and/or cold? Or example: Coolers with ice, hot food carriers, refrigerated truck, etc. **(A metal stem thermometer is required to monitor temperatures):** \_\_\_\_\_  
\_\_\_\_\_

7) How will potentially hazardous foods be stored at the event, at the required temperatures? For example: Chaffing dishes, steam tables, refrigerator, etc. **(Cold foods must be held at or below 41°F, & hot foods at or above 135°F):** \_\_\_\_\_  
\_\_\_\_\_

8) Describe the hand washing facilities that will be available at the food service booth **(Each vendor must have their own hand washing station):** \_\_\_\_\_  
\_\_\_\_\_

9) Indicate the water source to be used for cooking, cleaning, and hand washing: \_\_\_\_\_  
\_\_\_\_\_

10) How will food service equipment (utensils, cutting boards, etc.) and surfaces be sanitized?: \_\_\_\_\_  
\_\_\_\_\_

**You will be issued a license upon approval of your application and, if required, an inspection of your booth. You will not be allowed to serve food without first obtaining a license from the Uncas Health District.**

**NON-PROFIT / VENDORS:**

**Non-Profit community organizations within the Uncas Health District will not be charged a fee for 1-day event. However, an application must be submitted prior to the event with proof of non-profit status. For multiple day events for Non-Profits please refer to fee schedule below.**

**All non-profit and vendors are allowed up to 10 temporary food service events annually, after which a Seasonal or Annual food service license is required from the Uncas Health District.**

**The person in charge of the event must have a food safety certificate: ServSafe, Fast Class or other certification acceptable to the District.**

**COMMERCIAL VENDORS:**

**All commercial vendors based outside the Uncas Health District must submit a valid health department license, current inspection report and CFPM\* Certificate at least two (2) weeks prior to the event.**

**Application fee:**

<b>Non-Profit:</b>	<b>1-2 Days</b>	<b>3+ Days</b>
CFPM*/UHD FAST Class Certificate	<b>\$5.00</b>	<b>\$25.00</b>
<b>Vendors (for profit):</b>	<b>1-2 Days</b>	<b>3+ Days</b>
CFPM* Certificate	<b>\$25.00</b>	<b>\$50.00</b>
<b>Farmers Markets</b>		<b>Each Market</b>
All vendors		<b>\$50.00</b>

\* CFPM – Certified Food Protection Manager (previously QFO-Qualified Food Operator)

**FARMERS MARKETS:**

All food vendors who serve food or provide samples at a Farmers Market are subject to a fee (except certain certified farms that have already obtained a Farmers Market license within the State of Connecticut for the season).

An application and applicable fee are required for **EACH** Farmers Market. Participation in multiple markets within the District will require multiple applications and fees.

**I HAVE REVIEWED THE ATTACHED MATERIAL AND UNDERSTAND THAT I AM RESPONSIBLE FOR THE SAFETY OF THE FOOD SERVED AT THIS EVENT.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*"Potentially hazardous food" includes an animal food (a food of animal origin) that is raw or heat-treated; a food of plant origin that is heat-treated, or consists of raw seed sprouts; cut melons; cut tomatoes; and garlic-in-oil mixtures*

*For District Use:*

Amount Due \_\_\_\_\_ Fee Paid \_\_\_\_\_ Date \_\_\_\_\_

Cash     Credit Card     Check # \_\_\_\_\_ Receipt # \_\_\_\_\_