



WESTPORT WESTON HEALTH DISTRICT
 180 Bayberry Lane, Westport, CT 06880-2855
 Telephone: (203) 227-9571 Fax: (203) 221-7199
 Email: publichealth@wwhd.org

PACKET F-S

\$ 30 Cold Foods
 \$ 85 Hot Foods
 All Fees are
 Non-Refundable

**Application For Farmers
 Offering Samples of Processed Fruits,
 Vegetable, or Other Products.**

Name: _____ **Farm Name:** _____

Mail Address: _____

Town, State, Zip: _____

Farm Address: _____

Telephone: (____) _____ **Fax:** (____) _____

Details of Event:

Name of Event: _____

Date(s) of Event: _____ Hours of Operation _____

Location of Event: _____

List products to be sold: _____

E-Mail Address: _____

Directions:

All farm and/or products produced under Connecticut's Cottage Food Regulations the applicant must attach a copy of their Department of Agriculture and/or Consumer Protection license/approvals. The application must be completed and submitted with payment to the WWHD 14 business days prior to the start of the Market.

If an event application is submitted less than 14 business days before the event is scheduled, a late fee of **\$55** will be applied to any other required fee.

For Office Use Only

Date Application Approved:	Date Permit Issued:	Date Mailed/Delivered:
By:	By:	

Notes/Conditions:

Please fill in the information below:

1. Will all foods be prepared at the Temporary Food Event or Booth site?

____ Yes

____ No

For all food items, complete Attachments 1 *Menu Plan and Food Preparation Summary* (If you answered no above and the facility is not licensed in Westport or Weston , provide a copy of the current license for the food establishment where the food will be prepared.

2. Describe (be specific) how food will be protected during transportation to the event and how product temperatures will be properly maintained.

3. Describe how food will be stored at event (minimum of 12 inches off ground).

4. Describe how temperatures of hot and cold foods will be monitored during the event.

5. Describe your set-up for hand washing . _____

6. Describe where and how cleaning and sanitizing of utensils, cuttings boards, and other food contact surfaces will take place. Also describe provisions for backup utensils (santized test strips must be available).

7. Please provide any additional information about what you will be doing that should be considered.

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the regulatory office may nullify final approval.

Signature (s) _____

Signature _____

Date _____

