



ASPETUCK HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855
Telephone: (203) 227-9571 / Fax: (203) 221-7199

Fee: \$85.00/year

Paid: Cash
Check
Other

APPLICATION FOR A POP-UP CAFÉ PERMIT

Name of Business: _____

Address of Business: _____ Town: _____ ZIP: _____

Contact Person Name: _____

Phone: _____ FAX: _____ E-mail: _____

Mailing Address: _____ Town/State/Zip: _____

Date of Pop-Up Start _____ End _____

How will food be protected during transportation from kitchen to customer?

How will the Pop-UP be protected from potential airborne contaminants?

Number of tables and chairs for patio service _____

Will patrons be allowed to use your restrooms(circle one) YES NO

ON BACK SIDE OF THIS APPLICATION, SKETCH PATIO, TABLE & SERVICE LAYOUT

I attest here that the information supplied here is accurate and correct.

Signature: _____ **Date:** _____

Print name and title: _____

_____ **For Office Use Only** _____

WWHD Permit Approval:	Date:	Valid From & To
By:		

WWHD comments: _____
