



Aspetuck  
Health District

**ASPETUCK HEALTH DISTRICT**  
180 Bayberry Lane, Westport, CT 06880-2855  
Telephone: (203) 227-9571 Fax: (203) 221-7199

**PACKET C**

No Fee  
Required

## Application Guest Chef Food Demonstrations & Sampling

Facility Name: \_\_\_\_\_

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

Town, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Details of Event:

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Anticipated Attendance (Total) \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Hours of Food Service: \_\_\_\_\_

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

Permittee/Guest Chef: \_\_\_\_\_

### Directions:

The Guest Chef must complete this application and the following attachments. The application must be completed and submitted to the Aspetuck Health District by the close of the workday (4:30 pm) on the Monday immediately prior to the Market Day event.

\_\_\_\_\_ *For Office Use Only* \_\_\_\_\_

Date Application Approved:	Date Permit Issued:	Date Mailed/Delivered
By:	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, Weston or Easton, provide a copy of the current license for the food establishment where the food will be prepared.

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

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

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

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8. Describe your set-up for hand washing.

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9. 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 (sanitized test strips must be available).

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

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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 \_\_\_\_\_

**Attachment 1: Menu Plan and Food Preparation Summary**

1. List all menu items and the ingredients for each menu item (see example below). Highlight potentially hazardous items, including meat, fish, eggs, poultry, cut melon, cooked rice or macaroni, baked potatoes, butter, milk, cheese, or other dairy products, tofu, sprouts, garlic in oil mixtures, or any food containing these ingredients. Include beverages and ice if it will be an ingredient in foods or beverages.
2. List the source (where it will be purchased and when).

<b>Menu items/ingredients (Describe: canned, frozen, fresh, form)</b>	<b>Source (Where purchased)</b>	<b>Date Purchased</b>	<b>Frozen or Fresh</b>	<b>Prepared Where &amp; How</b>	<b>Holding Cold or Hot</b>
<b>Example:</b>					
<b>Baked Potatoes w/cheese</b>					
<b>Fresh Idaho potatoes</b>	<b>JB's food warehouse</b>	<b>8/10/01</b>			
<b>Cheese Whiz Sauce</b>	<b>JB's food warehouse</b>	<b>8/10/01</b>			

