



Aspetuck
Health District

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

PACKET A

All Fees are non-refundable
FEE: \$165 Hot Foods
\$75 Cold Foods

Application To Operate a Temporary Food Service Booth

Name of Organization: _____
Street Address: _____
Town, State, Zip: _____

Details of Event:

Name of Event: _____
Date(s) of Event: _____ Anticipated Attendance (Total) _____
Hours of Operation: _____
Hours of Food Service: _____
Location of Event: _____
Food Booth QFO _____ Telephone: (____) _____

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

E-Mail Address: _____

Permittee/operator: _____

Directions:

The operator of each Temporary Food Event site or booth must complete this application. The application must be completed and submitted with payment to the Aspetuck Health District at least 14 business days before the event.

If a temporary food permit 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.

In addition to the information requested above, each operator must complete and return Attachments 1 and 2.

_____ *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. Using Attachment 1 - Draw the location and identify all equipment including hand washing facilities, dishwashing or utensil washing facilities, ranges, refrigerator, hot and cold holding equipment, worktables, food/single service storage, grills, etc.
2. Using Attachment 2 – Menu Plan, list all food and beverage items to be prepared and served and/or sampled. (NOTE: Any changes to the menu must be submitted to and approved by the Aspetuck Health District at least 10 days prior to the event.)
3. Will all foods be prepared at the Temporary Food Event or Booth site?

___ Yes

___ No

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.

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

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

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

7. Describe your set-up for hand washing.

8. 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).

9. Please add any additional information about your event or Booth that should be considered.

10. Using Attachment 3 – “Employee Volunteer Sign-in Sheet,” record the names, phone numbers, shifts to be worked during the event and the assigned duties of all Temporary Food workers (paid and volunteer).

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 Aspetuck Health District may nullify approval.

Signature (s) _____

Signature _____ Date _____

For Office Use Only

Approval of these plans and specifications by the Aspetuck Health District does not indicate compliance with any other code, law or regulations that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the structure or equipment. A preopening inspection, with equipment in place and operational, will be necessary to determine if it complies with the local and state laws governing temporary food service establishments.

APPROVAL **DISAPPROVAL** **Effective Date:** _____

Permit Conditions & Restrictions or Reasons for Denial:

Reviewer Signature and Title: _____ **Date:** _____



Attachment 1: Food Booth Sketch

Draw the location and identify all equipment including hand washing facilities, dishwashing or utensil washing facilities, ranges, refrigerator, hot and cold holding equipment, worktables, food/single service storage, grills, etc.

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Describe food booth, including walls, flooring, screening, counter materials, and lighting.



Attachment 2: 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).

| Menu items/ingredients (Describe: canned, frozen, fresh, form) | Source (Where purchased) | Date Purchased | Frozen or Fresh | Prepared Where & How | Holding Cold or Hot |
|--|-----------------------------|-------------------|--------------------|-------------------------|------------------------|
| Example: | | | | | |
| Baked Potatoes w/cheese | | | | | |
| Fresh Idaho potatoes | JB's food warehouse | 8/10/01 | | | |
| Cheese Whiz Sauce | JB's food warehouse | 8/10/01 | | | |
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Attachment 4: Temporary Food Event - Employee/Volunteer List and Sign-in Sheet

Event Name: _____

Name of Booth/Vendor: _____

| <i>Date</i> | <i>Name (Please Print)</i> | <i>Phone No.</i> | <i>Time In</i> | <i>Time Out</i> |
|-------------|----------------------------|------------------|----------------|-----------------|
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*The applicant is responsible for maintaining a complete and current list, including addresses and phone numbers, of employees and volunteers working at each food booth and at any off-site kitchens. Failure to comply with this regulation may result in revocation of the food permit.



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TEMPORARY FOOD SERVICE FACILITY

Attachment 5: Sampling Sheet

List all sampling items and the ingredients for the sampling items. List the items that will be used to sample product: i.e., crackers, chips, pretzel sticks. (Remember: a maximum of 10 items can be sampled.)

| Item to be sampled | Source (where purchased) | Date to be purchased |
|--|--------------------------|------------------------|
| Example: Onion dip; dried soup mix, sour cream will be sampled with pretzel sticks. | BJ's Warehouse | August 10, 2001 |
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