

Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483

T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org Ansonia Beacon Falls Derby Naugatuck Seymour Shelton *Applications must be complete and submitted with payment to NVHD at least 14 days before the event.

Application for Temporary Food Event Permit

Permit Fees: All fees are non-refundable

1 day event with TCS foods........\$75.00

Class 2, 3, 4: Time/Temperature for Safety foods examples: meats, eggs, fish

1 day event with non-TCS food......\$30.00

Class 1: Non-Time/Temperature for Safety foods examples: popcorn, cotton candy, cookies, lemonade

Each additional day......\$10.00

A LATE FEE will be applied if the application is <u>not</u> received:

7 business days before the event......\$20.00 2 business days before the event.........\$50.00

No late fee waivers will be granted.

You may submit an application in-person, by mail or email. Email to NVHDEH@nvhd.org.

Applications will not be processed or reviewed by staff until payment is received.

We accept cash, checks payable to NVHD and credit card by calling (203) 881-3255 x 0.

NVHD RESERVES THE RIGHT TO REFUSE INCOMPLETE APPLICATIONS AND/OR APPLICATIONS RECEIVED TWO BUSINESS DAYS BEFORE THE EVENT.

Event Information: NAME OF THE EVENT:			
Location & Town:	Date(s):		_Time(s):
Event Coordinator Name:	Phone:	E-mail:	
Permit Holder/Person in Charge Information:			
Name:Pho	one:	E-mail:	
Certified Food Protection Manager (CFPM):	Ех;	oiration Date:	
Class 2, 3, 4 food establishments and both profit/non- copy of the certification with your application. Vend			
Vendor Information (booth, truck, trailer, etc.	<u>):</u>		
Name:	Address:		
_	City	State 	Zip Code
Type of Vendor: ☐ Food Booth with Overhead Pro	otection (Must be Fire Rated)	☐ Concession ⁻	Trailer/Truck
Power Source: ☐ Temporary Electrical Connection	on Permanent Electrica	l Connection	
☐ Portable Generator	☐ Other:		
Where will food be purchased?		keep receipts & bri	ng to event for reference
MGII food he wood oo dhe dee day of the coord	□ V □ *N		
Will food be purchased on the day of the event?			
*If no , attach a copy of the current Food Service Es application. If you are granted permission from a licen authorization from the FSE owner for the use of their license.	ised FSE for the use of their ki	•	•
Name of FSE used for Food Storage:	Address:_		

Menu Items

All food must be prepared in the licensed facility.

Home cooked foods or foods prepared in an unapproved facility are **NOT** permitted.

Food Item	Hot	Cold	List all preparation steps and final internal temperature			ure Cooking & Reheating Methods	
Example: Grilled chicken	Х		Marinate chicken in refrigerator, grill to 165F at event			Gas Grill	
cnicken			event				
Approved Food Sour	co(s): /	Chock all	that apply)				
☐ Meat and Poultry- US					Dairy/Eggs- USDA or	CT Dept	of Ag Approved
☐ Fish- Commercially Ca			0 11		Shellfish- FDA Approv	•	
On-Site Control Meth	ods: (Check all	that apply)				
Hot Holding		Cold H	olding		nsport	Food	Protection:
☐ Electric Steam Table			rigerators Cambros			☐ Individually Wrapped	
☐ Electric Warmer/Cabi	net		_		le Service packages		
☐ Gas Grill			ezer Chest				
☐ Stove/Oven ☐ Other:					d Storage – Tables/Pallets must be kept off the ground*		
Dottler.	_		51.			7004	must be kept off the ground
Hand Washing:		Water	Supply:		Sanitizing:		Toilet/Trash Facilities:
(to include water, soap, sing	gle-use	☐ Publ	ic Water		Equipment Used:		☐ Restrooms on-site
paper towels)		☐ Priva	ate Well- Submit Ana	lysis	☐ 3- Bay		☐ Portable Toilets
☐ Temporary Hand Sink			er:		☐ Basin Set-up		☐ Garbage Receptacle on-site
☐ Commercial Portable	Sink		2, 3, 4 may require		Sanitizer Solution Us	ed.	☐ Other:
☐ Hand Sink on Trailer/	Truck		iter sunniv		.u.		
			☐ Chlorine/Bleach ☐ Quaternary Ammonia		nnia		
					L Quaternary Ammic	Jilla	

Where will liquids and grease be disposed of?_____

As the permit holder, I certify that I have received and reviewed Naugatuck Valley Health District's Food Safety Guidelines of Temporary Events Brochure and the above-described food event/vendor will be operated and maintained in accordance we said Guidelines, the State of ConnecticutPublic Health Code, and the Food & Drug Administration Food Code, as applicable to my operation. I fully understand that any deviation from the above application may result in the closure of the food vend I am required to have the items listed below on-site during the event: Sanitizer Solution (Chlorine or Quat)	Temporary Events Brochure and the above-described food event/vendor will be operated and maintained in accordance will aid Guidelines, the State of Connecticut Public Health Code, and the Food & Drug Administration Food Code, as applicable to my operation. I fully understand that any deviation from the above application may result in the closure of the food vend am required to have the items listed below on-site during the event: Sanitizer Solution (Chlorine or Quat) Non-Latex Gloves Datemarked Food Items Chemical Test Strips (for sanitizing solution) Extra Cooking/dispensing utensils Allergen Statement Posted Digital thin probe thermometer Adequate supply of potable water Consumer Advisory (if applicable) Alcohol Swabs (to sanitize thermometer) Thermometers inside all units Form 1-B Hair Restraints(hats, hairnets, beard nets, etc.) Food Container Labels Vomit & Diarrhea Clean Up Plan I have attached copies of the required documentation: CFPM Certificate Base of Operation license & most recent inspection report for licensed establishment used AND if applicable, a letter of authorization from an establishment owner for the use of their licensed kitchen. Signature of Permit Holder Name Printed Date			ck Receipt #: Delivery N	Aethod:
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