

Chesprocott Health District
1247 Highland Ave
Cheshire, CT 06410
Phone (203) 272-2761 Fax (203) 250-9412

APPLICATION FOR TEMPORARY EVENT FOOD BOOTH

EVENT NAME: _____

DATE & TIME OF EVENT: _____

LOCATION OF EVENT: _____

NAME OF FOOD BOOTH: _____

CONTACT PERSON NAME: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

ARE YOU LICENSED BY A LOCAL HEALTH DEPARTMENT? ____ YES ____ NO

IF YES, PLEASE PROVIDE A COPY OF CURRENT LICENSE AND LATEST INSPECTION FORM

LIST OF ALL FOOD ITEMS ON MENU (Include drinks and condiments): _____

WHERE WILL BE FOOD STORED *PRIOR* TO EVENT? _____

IS FOOD GOING TO BE PREPPED ON SITE? YES NO

IF NO, NAME OF ESTABLISHMENT WHO IS PREPARING FOOD: _____

ADDRESS: _____ TOWN _____

WHEN WILL FOOD BE DELIVERED? _____

HOW WILL IT BE DELIVERED? (Ex. coolers w/ice or refrigerated truck) _____

HOW WILL COLD FOOD BE KEPT COLD? (Ex. Coolers w/ice or refrigerators) _____

HOW WILL HOT FOOD BE KEPT HOT? (Ex. Cook to order, oven, sternos) _____

HOW ARE HANDWASHING STATIONS BEING PROVIDED? (Ex. Like diagram, commercial HWS) _____

HOW ARE UTENSILS, CUTTING BOARDS AND OTHER EQUIPMENT BEING SANITIZED? (Ex. On site with 3-bay set up) _____

LOCATIONS OF TOILETS: _____

DRAW A LAYOUT OF YOUR FOOD BOOTH

(Label all grills, stoves, refrigerators, coolers, steam tables, sternos, tables, hand wash stations, garbage cans, food storage area, cleaning product storage, toilets etc.)



**Applications received within two weeks of event will have late fee applied.
There will be no refunds or credits issued.**

CHD ONLY:

Application Received: _____ Reviewed by: _____ Date: _____

Comments: _____

Approved/Not Approved on Date: _____ License Fee: _____

Non-profit { Tax Exempt Number: _____ }