



# CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Environmental Health Division  
131 Coventry Street  
Hartford, Connecticut 06112  
Ph: (860) 757-4760  
Fax: (860) 722-6677  
www.hartford.gov



## TEMPORARY VENDOR FOOD LICENSE APPLICATION

The VENDOR of each temporary food event must complete this application with remittance of \$75.00 (non-profit events \$25) by **CERTIFIED CHECK, MONEY ORDER or CREDIT CARD only (no cash or personal checks)** payable to the City of Hartford and must be filed \*(15) days prior to the opening event. This application and \$75.00 (nonprofit \$25) must be submitted to the Department of Health and Human Services, Environmental Health Division, 131 Coventry Street, Hartford, CT 06112.

**\*In addition, applications received between 5-15 days prior to the event will be charged \$125. Applications received less than 5 days prior to the day of the event will be levied \$150. This applies to all applicants including Not-For-Profit Organizations.**

**\*This application is not a license.** Temporary food permits will not exceed a period of 1 to 5 days.

Name of Event \_\_\_\_\_ Application Date \_\_\_\_\_

Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_

Location of Event \_\_\_\_\_ Building Name & Room# \_\_\_\_\_

Event Coordinator Name (full business name) \_\_\_\_\_

Name of Event Coordinator Contact Person (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Phone # (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

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Name of Applicant (Food Vendor): First name \_\_\_\_\_ Last name \_\_\_\_\_

Applicant Business Name \_\_\_\_\_

Licensed Food Establishment\* \_\_\_\_\_ Non-Profit Org. (yes\*\*) \_\_\_\_\_

\*If yes, submit copy of current food license not issued by the Hartford Health Department

\*\*If yes, submit copy of state nonprofit certification with the application.

Applicant's Address \_\_\_\_\_

Applicant's E-Mail Address \_\_\_\_\_

Applicant's Phone # (work & home) \_\_\_\_\_ (cell) \_\_\_\_\_

Certified Food Protection Manager (CFPM) (if applicable) \_\_\_\_\_

Person in charge on event premises (if different from applicant): \_\_\_\_\_ Cell \_\_\_\_\_

Set up time \_\_\_\_\_ Inspection time \_\_\_\_\_

**Note: Please provide the following information: All questions must be answered to determine if your food permit will be approved. (If any of the following does not apply to you mark it N/A)**

**1. Menu: Please list all food and beverage items to be prepared and served at temporary event (attach a separate sheet if necessary).**

*PLEASE NOTE: Any changes to the menu must be submitted to the Environmental Health Division no later than 10 days prior to the event.*

Hot Food: \_\_\_\_\_  
\_\_\_\_\_

Cold Food: \_\_\_\_\_

Beverages: \_\_\_\_\_

Other: \_\_\_\_\_

**2. Will all foods be prepared at the Temporary Food Event site?**

\_\_\_\_ Yes  
\_\_\_\_ No

**3. Describe the food source and operation approach at the event:**

**Note: There shall be no home cooking or home preparation of food offered at temporary food events. All foods must be obtained from a licensed and permitted retail or wholesale food distributor.**

- a. Food Prepared or precooked at licensed kitchen or restaurant. Yes\_\_\_\_ No \_\_\_\_\_
- b. Precooked Food ordered/purchased or donated by food establishment or organization.  
Yes\_\_\_\_ No \_\_\_\_\_
- c. Food will be cooked on premises. Yes\_\_\_\_ No \_\_\_\_ Mobile Vendor Yes\_\_\_\_ No \_\_\_\_\_

**4. If the answer is yes for question 3 a. or b.**

- d. Name(s) of the Licensed kitchen or restaurant \_\_\_\_\_
- e. Address of the Licensed kitchen or restaurant \_\_\_\_\_
- f. Please submit a copy of the Food License of the licensed kitchen or restaurant with this application if issued outside of the City of Hartford.

**5. Describe how \*Time/Temperature Controlled for Safety (TCS) Food will be transported from licensed kitchen to event safely within adequate temperature range (be specific):**

Thermo vehicles: \_\_\_\_\_ Cooler with Ice: \_\_\_\_\_  
Thermo box: \_\_\_\_\_ Thermo bag: \_\_\_\_\_  
Other (describe): \_\_\_\_\_

**6. Identify cooking equipment and approach, choose as many as apply:**

Gas Grill (commercial only) \_\_\_\_\_ Chaco grill (commercial only) \_\_\_\_\_ Steamer \_\_\_\_\_  
Kettle (corn) \_\_\_\_\_ Conventional Oven \_\_\_\_\_ Stove \_\_\_\_\_ Stir fry wok \_\_\_\_\_ Rice maker \_\_\_\_\_  
Deep Fryer \_\_\_\_\_ Gas cooker \_\_\_\_\_ Other (describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List all places (names & address) where the food source especially meats, poultry, seafood, \*shellfish and ice will be purchased. \*shellfish tag must be kept with the original bag or container until it is empty then kept for 90 days.

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Example: Hot dog, Chili Sauce commercial packaged, Precooked -----Restaurant Depot

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**8. Hand washing facilities to be used by employees.**

- a. Commercial Electric Portable hand washing station \_\_\_\_\_  
b. **Portable Hand washing station set-up:** yes \_\_\_\_\_, (must include all items listed below)

Thermo Water Tank with **Spigot** \_\_\_\_\_  
Waste Water Bucket \_\_\_\_\_ Soap \_\_\_\_\_ Paper Towel \_\_\_\_\_

**9. How and where /Equipment/ utensil washing will take place.**

- a. Commercial ware washing facility on event premises \_\_\_\_\_  
b. Portable three bay sink (commercial) \_\_\_\_\_  
c. Three containers of suitable size (adequate for the largest cooking ware or utensils) \_\_\_\_\_.  
d. Will bring back to base of operation to wash (for events less than 4 hours only) \_\_\_\_\_.  
e. Not applicable (if using single-use utensils or prepackaged food) \_\_\_\_\_.

**10. Waste Water and Grease Disposal: Describe how wastewater will be collected, stored and disposed. Note: no waste water and grease disposal allowed on ground or storm drain.**

Collected by event coordinator \_\_\_\_\_ Bring back to base of operation \_\_\_\_\_

**11. Garbage Containers: Describe the number and location of garbage containers.**

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**12. What heat source will be used to keep hot foods hot (140 degrees and above)?**

- a. Steamer \_\_\_\_\_ b. Chafing Dish \_\_\_\_\_  
c. Other (describe) \_\_\_\_\_ d. N/A (cold food only) \_\_\_\_\_

**13. Describe how cold foods will be kept cold (45 degrees and below).**

- a. Commercial cooler/freezer \_\_\_\_\_ b. Ice cooler \_\_\_\_\_  
c. Ice Packs \_\_\_\_\_

**14. Describe how food temperatures are monitored and thermometers cleaned, and sanitized.**

- a. Probe Type Thermometer (0-220 degrees F range) \_\_\_\_\_  
b. Cooler Thermometer \_\_\_\_\_  
c. Alcohol Swap for sanitizing required \_\_\_\_\_

**15. Food Protection equipment required:**

- a. Tent required if food will be prepared, cooked and dispensed out side \_\_\_\_\_
- b. Food must be properly covered, \_\_\_ Sneeze Guard required for self-serve TCF food items.
- c. Adequate shelving required for storing food and food service item containers off Floor \_\_\_\_\_
- d. Gloves for ready-to eat food contact.

**16. Personal Hygiene:**

Effective hair restraints (hat, hair net) \_\_\_\_\_

Clean outfit, apron, t-shirt with sleeves \_\_\_\_\_

Are personnel with symptoms like fever, diarrhea, vomiting, coughing/sneezing, etc. or hand/finger wounds prohibited from handling food? Yes \_\_\_\_\_ No \_\_\_\_\_

**17. List of employee/volunteer names, phone numbers, addresses, and shifts to be worked during the event.**

<u>NAME OF EMPLOYEE</u>	<u>PHONE #</u>	<u>ADDRESS</u>	<u>SHIFT</u>
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

**18. Use attachment #1 in this packet to sketch a drawing showing the event area and where your operation will be, and the layout of your equipment setting.**

# **ATTACHMENT #1**

## Are you ready for the preoperational food inspection?

### SELF CHECKLIST FOR FOOD VENDOR OPERATORS

(Keep the list on site with you)

- \_\_\_\_\_ Hand-washing station set up (water tank with spigot, soap, paper towel, waste water bucket and garbage container)
- \_\_\_\_\_ Metal probe thermometer (0 – 220 degrees F range), alcohol swap
- \_\_\_\_\_ Thermometers for all refrigerators
- \_\_\_\_\_ Coolers and ice packs (if ice is to be used for cooling of foods, where is water to be drained)
- \_\_\_\_\_ Equipment for TCS hot holding and transport.
- \_\_\_\_\_ Plastic wrap/Aluminum foil, food grade plastic bags
- \_\_\_\_\_ Extra utensils: tongs, spatulas, spoons, and knives (stored in clean sealed bags)
- \_\_\_\_\_ Water and Ice from safety approved source
- \_\_\_\_\_ Buckets/tubs for washing, rinsing, sanitizing food equipment (size fixed the largest cook or storing equipment or containers)
- \_\_\_\_\_ Bleach for sanitizing, test strips for checking
- \_\_\_\_\_ Waste water disposal container with tied lid
- \_\_\_\_\_ Container(s) for grease collection
- \_\_\_\_\_ Clean wiping cloths and a sanitizing solution container to store them in
- \_\_\_\_\_ Garbage containers with plastic bags
- \_\_\_\_\_ Hats/hair restraints and clean wear, T-sheet with sleeves
- \_\_\_\_\_ Tables, crates, shelves adequate for all food or service item containers stored off floor
- \_\_\_\_\_ Gloves for food handling
- \_\_\_\_\_ Tent, Sneeze guard, food cover material for food protection
- \_\_\_\_\_ All Time/Temperature Controlled for Safety food stored at proper temperature > 140°F or < 45°F
- \_\_\_\_\_ All cooking equipment, utensils must be cleaned and sanitized before inspection

A HANDWASHING STATION MUST INCLUDE: POTABLE HOT & COLD RUNNING WATER (OR WARM WATER); LIQUID SOAP IN A DISPENSER; PAPER TOWELS; CONTAINER FOR WASTE WATER. WATER CONTAINER MUST BE CLEAN AND HAVE A VALVE OR SPIGOT THAT REMAINS OPEN TO ALLOW FOR ADEQUATE HANDWASHING.

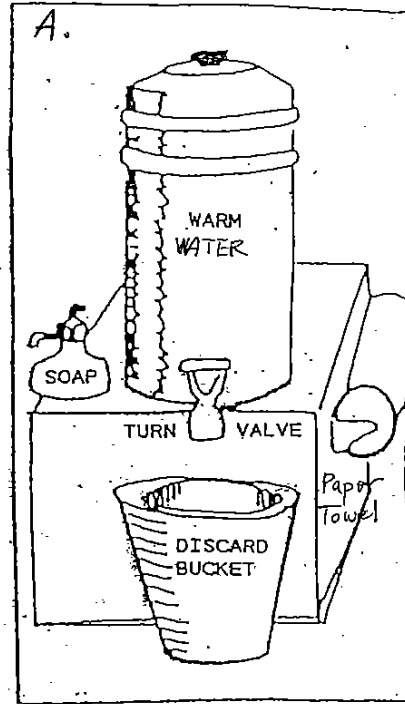
B. Temperature:

Cold Food keep  $\leq 45^{\circ}\text{F}$   
 Hot Food keep  $\geq 140^{\circ}\text{F}$



Internal Cooking Temps	
165°F	reheats, poultry
155°F	ground meats pork
145°F	whole meats fish other PHFs

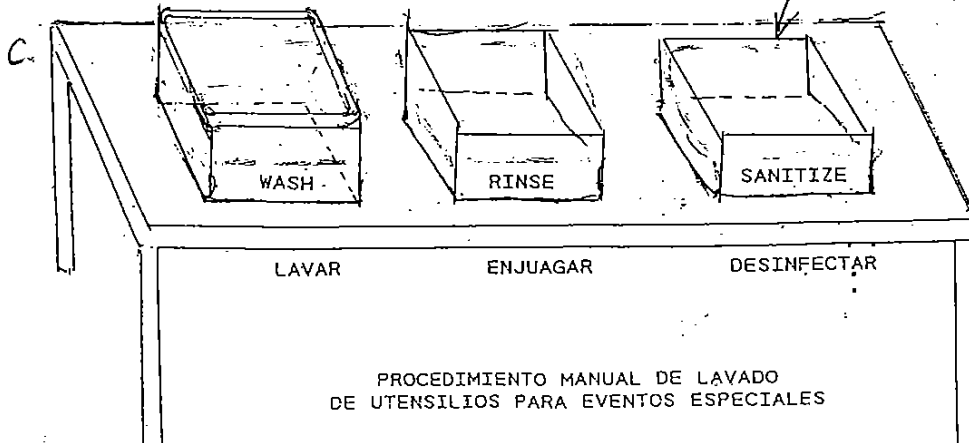
Thermometers provided.



C. MANUAL DISHWASHING PROCEDURE AT SPECIAL EVENTS

Chlorine Sanitizing Solution:  $\frac{1}{2}$  Table Spoon Bleach in Per Gallon WATER.

Chlorine 100 P.P.M. OR  
 Quat 200 P.P.M.



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## CREDIT/BANK CARD PAYMENT FORM

ACCEPTED CARD TYPE(S):



DATE \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CHARGE AMOUNT \$ \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

Payment description:

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### FOR OFFICE USE ONLY

CARD TYPE:



Payment information received by: mail  fax  telephone  in person  e-mail

DATE: \_\_\_\_\_ CHARGE AMOUNT \$ \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

Payment description:

Please be advised that as of July 15, 2016 all debit and credit card transactions will include a 2.5% convenience fee for their use. Of special note, credit card information is handled with the highest degree of precaution to ensure that your personal information is protected. Once credit card transactions are processed the form is destroyed to prevent fraud or mishandling of information. A receipt for the transaction is available upon request. Thank you for your patronage.

**Prevent. Promote. Protect.**