

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



VENDOR TEMPORARY FOOD LICENSE APPLICATION

The VENDOR of <u>each</u> 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** (<u>no cash or personal checks</u>) payable to the City of Hartford and <u>must be filed *(15) days prior to the opening event</u>. 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	f 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			

Applicant Business Name Licensed Food Establishment* Non P *If yes, submit copy of current food license not issued by t **If yes, submit copy of state nonprofit certification with t	he Hartford Health Department		
Applicant's Address			
Applicant's E-Mail Address			
Applicant's Phone # (work & home)	(cell)		
QFO Certification (if applicable)			
Person in charge on event premises (if different from applicant)	<u>.</u> 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
5.	Describe how Potential Hazardous Food*(PHF) 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):Thermo bag:
6.	Identify cooking equipment and approach, choose as many as apply:
	Gas Grill (commercial only)Chaco grill (commercial only)Steamer Kettle (corn)Conventional OvenStoveStir fry wokRice maker Deep FryerGas cookerOther (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.

Hand washing fa	acilities to be used by employees.
	ectric Portable hand washing station d washing station set-up: yes, (must include all items listed below
Thermo Water Waste Water F	r Tank with <u>Spigot</u> Bucket Soap Paper Towel
How and where /I	Equipment/ utensil washing will take place.
b. Portable three bc. Three containerd. Will bring back	are washing facility on event premises bay sink (commercial) rs of suitable size (adequate for the largest cooking ware or utensils) k to base of operation to wash (for events less than 4 hours only) (if using single-use utensils or prepackaged food)
disposed. Note:	d Grease Disposal: Describe how wastewater will be collected, stored and no waste water and grease disposal allowed on ground or storm drain. nt coordinator Bring back to base of operation
•	
Garbage Contain	ners: Describe the number and location of garbage containers.
Garbage Contain	ners: Describe the number and location of garbage containers.
	ners: Describe the number and location of garbage containers.
What heat sourc	ee will be used to keep hot foods hot (140 degrees and above)?
What heat sourc	ee will be used to keep hot foods hot (140 degrees and above)?
What heat sourc a. Steamer c. Other (describe	ee will be used to keep hot foods hot (140 degrees and above)?
 What heat sourc a. Steamer c. Other (describe Describe how cold a. Commercial co 	ee will be used to keep hot foods hot (140 degrees and above)?
 What heat sourc a. Steamer c. Other (describe Describe how cold a. Commercial co c. Ice Packs 	ce will be used to keep hot foods hot (140 degrees and above)?
 What heat sourc a. Steamer c. Other (describe Describe how cold a. Commercial co c. Ice Packs Describe how foo a. Probe Type The 	e will be used to keep hot foods hot (140 degrees and above)?

-

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 require for self serves PHF food items _____
- c. Adequate shelves required for storing food and food services item's 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.

NAME OF EMPLOYEE	PHONE #	ADDRESS	<u>SHIFT</u>
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.

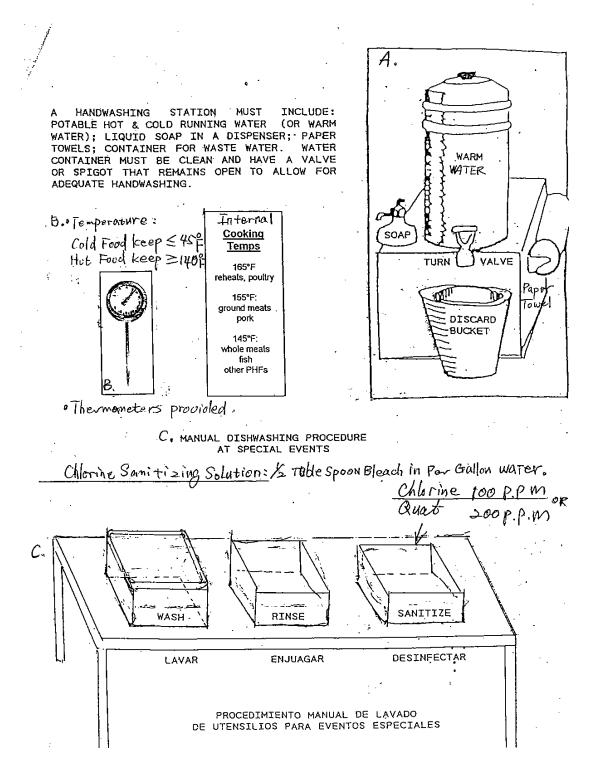
ATTACHMENT #1

Prevent. Promote. Protect.

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 $(0 - 220 \text{ degrees F range})$, 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 PHF hot holding and transport.
Plastic wrap/Aluminum foil, food grad 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 potential Hazard food stored at proper temperature > 140°F or < 45°F
All cooking equipment, utensils must be cleaned and sanitized before inspection



Prevent. Promote. Protect.

CITY OF HARTFORD



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



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:		

FOR OFFICE USE ONLY
CARD TYPE: Mastercard VISA DISCOVER
Payment information received by: mail \Box fax \Box telephone \Box in person \Box e-mail \Box
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.