



Mohegan Tribe
HEALTH DEPARTMENT

13 Crow Hill Road, Uncasville, CT 06382

Tel: (860) 862-6135

E-mail to: _____

TEMPORARY FOOD & BEVERAGE APPLICATION

Foods and beverages prepared in private homes ARE NOT ALLOWED on the Reservation (including cottage foods)

Application must be received no later than 10 business days prior to the event.

Incomplete Applications WILL NOT be reviewed and returned to vendor.

Name of BUSINESS to appear on permit:

Name and phone number for person responsible for food safety/preparation at this event:

Business Address (Street, Town, State, Zip code):

Contact E-mail address: _____

Name of Event: _____ Date of Event: _____

List all food and beverage items offered for consumption. (Attach menu if necessary)
Where will food and ingredients be purchased from?
How will food items be cooked?
Will food be cooked ahead and cooled, prepared and/or stored? If yes, where?
Will foods or beverages be prepared by Mohegan Sun culinary staff?
How will food items be kept cold (at or below 41°F) and/or hot food items be kept hot (at or above 135 °F) in transport and at the event?
How will items be served after preparation?
Describe the type of hand washing to be used, if required.
How will food equipment and utensils be cleaned and sanitized?

Businesses wishing to operate on the Mohegan Reservation are not allowed without prior approval of The Mohegan Tribe Health Department (MTHD). Approval is contingent upon phone and/or email communication between the contact person and MTHD and may include: the request for additional information such as copies of local permits/licenses, inspection reports or food safety manager training certificates.

The Mohegan Tribe Food Code is based on the current version of FDA Model Food Code. Anyone utilizing a kitchen or preparing food on the reservation is expected to adhere to all provisions of this Code and may be subject to inspections and/or enforcement actions if necessary.

I have read the enclosed information and understand that the MTHD may inspect my booth and may not issue a permit or suspend my permit to operate at any time if food safety standards are not met.

Applicant Signature: _____ Date: _____

