



Public Health  
Prevent. Promote. Protect.

# PLAINVILLE-SOUTHINGTON REGIONAL HEALTH DISTRICT

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SHANE LOCKWOOD, M.P.H., R.S.  
DIRECTOR OF HEALTH



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## ITINERANT FOOD VENDOR APPLICATION

Date: \_\_\_\_\_

Name, address, phone numbers and email of applicant: \_\_\_\_\_

Name, address, phone numbers and email of business owner (if different): \_\_\_\_\_

Business Name: \_\_\_\_\_

Type of business (hot dog cart, ice cream truck): \_\_\_\_\_

Vehicle / trailer registration information (if necessary): \_\_\_\_\_

List food items prepared/offered (provide menu if applicable): \_\_\_\_\_

Name of Qualified Food Operator (QFO) if applicable: \_\_\_\_\_

Proposed location(s) of business: \_\_\_\_\_

Property owner's names, addresses and phone numbers (if operating business on private property): \_\_\_\_\_

(Provide a letter of consent from owner(s) allowing you to conduct business on their property, if applicable.)

Days and hours of proposed operation: \_\_\_\_\_

By signing below, you agree to comply with any rules, laws, ordinances or regulations pertinent to your operation. You also agree that the information provided above is true and accurate and that you will immediately notify this department upon any changes. Any license or permit issued can be revoked at any time and without prior notice.

Signature of owner/operator	Print name	Date signed
*****For official use below*****		

Police Department comments: \_\_\_\_\_

Approval date: \_\_\_\_\_ Denied date: \_\_\_\_\_ Signature: \_\_\_\_\_

Planning/Zoning Department comments: \_\_\_\_\_

Approval date: \_\_\_\_\_ Denied date: \_\_\_\_\_ Signature: \_\_\_\_\_

Health Department comments: \_\_\_\_\_

Approval date: \_\_\_\_\_ Denied date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date application received: \_\_\_\_\_ Date Scheduled for an inspection: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Amount paid: \$ \_\_\_\_\_ Date licensed issued: \_\_\_\_\_ Expires on: \_\_\_\_\_ License # issued: \_\_\_\_\_