PLAINVILLE-SOUTHINGTON REGIONAL HEALTH DISTRICT
Serving the communities of Middlefield, Plainville and Southington

Main Office	Satellite Office	Satellite Office
196 NORTH MAIN ST.	ONE CENTRAL SQUARE	405 MAIN ST., STE.1
SOUTHINGTON CT 06489	PLAINVILLE CT 06062	MIDDLEFIELD CT 06455

860-276-6275 ● FAX 860-276-6277 ● pshd.org
SHANE LOCKWOOD, M.P.H., R.S., DIRECTOR OF HEALTH

Public Health
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ITINERANT FOOD VENDOR APPLICATION FORM

Annual Fees: $100.00

Complete the application form below and include all information requested on the checklist.

Date:_________________

Name of Food Vending Business:____

Business Owner's Name:____

Address____

____

Phone #'s____ Email:_____ ____________________________

Operator's name, address, phone / email (if different than owner):_______________________________________

____

____

Vehicle/trailer make, model, registration info:____

Proposed location(s):____

Days and hours of proposed operation:____

Property Owner's Names, addresses / phone numbers (if operating business on private property):____________

____

(Provide a letter from property owner allowing you to conduct a food vending business on their property.)

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

____________________________________ ________________________________ ________________

Signature of owner/operator Print name Date signed

For official use below

Date Paid:_______________ **Amount paid: $**___________________ **Date permit issued:**_______________________

Police Department Approval: ___________ **Notes:**____

Planning/Zoning Department Approval:___________ **Notes:**____