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
Prevent. Promote. Protect.

Public Health
Prevent. Promote. Protect.

ITINERANT FOOD VENDOR APPLICATION FORM

Annual Fees: $100.00

Use this application if you are proposing a food vending business that will serve food or drink from an operation (vehicle, trailer, cart) without a fixed location and without connection to a water supply and a sewage disposal system.

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.)

Check all that apply (you may choose more than one):

___Food(s) will be prepared, cooked, kept hot or cold on site within the vending apparatus. Explain below.

___Food(s) will be prepared and/or cooked at another (approved) location. Explain below.

___Food(s) will be commercially pre-packaged items that will remain in their original packaging.

List all food / drink items that will be offered and explain storage, prep, cooking and holding processes:

____

____

____

If preparing or cooking foods or drinks within the vending apparatus, please submit a floor plan lay-out of the operation along with an equipment schedule with specifications of the equipment. Provide proof that a Q.F.O. and an Alternate in Charge is employed in a supervisory position (if required). This information and documentation must be provided to this office, along with payment, prior to any review or approval. Approval from the Planning, Zoning and Police departments may be required as well.

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 application received:________________ **Notes:**____

Date Paid:__________________ **Amount paid: $**__________________ **Date permit issued:**________________ ___

Police Department Approval date:_________________ **Denied date:**______________ **Notes:**______________________________

Planning/Zoning Departments Approval date:____________ **Denied date:**______________ **Notes:**_________________________