



Public Health
Prevent. Promote. Protect.

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



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APPLICATION - TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT

Fees: 1 day event-\$50; 2 day event-\$75; 3-14 day event-\$100

Event Name: _____

Event Location: _____ Event Date: _____

Name of booth/tent/truck: _____

Hours you will be operating: _____

Name of person(s) in charge (site coordinator): _____

Home address: _____

Phone #: _____

Email Address: _____

Complete pages 1 through 3. Sign and date page 4.

List all food/drinks to be offered or attach menu:



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Where will foods be prepared for the event? (If prepared at commercial kitchen, include license for the commercial kitchen):

Describe how you will prepare all foods. Specify if foods will be prepared on site or prior to the event. If cooking and cooling foods ahead of time, describe your process for cooling and reheating.

How will food temperatures be maintained during transport to event (cold items held $\leq 41^{\circ}\text{F}$ / hot items held $\geq 135^{\circ}\text{F}$)?

Describe where food will be stored at event (i.e. cooler on ice, refrigerator, hot hold units, non-time/temperature control foods off ground, etc.)



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How will food/equipment be protected (i.e. tent, sneeze guard, covers, etc.)?

List type of sanitizer used. Will a 3 bay sink set-up be required?

Will a food thermometer be available?

Include a drawn layout showing your set up for the event. Identify hand washing facilities, hot and cold holding equipment, 3-bay sink, food prep tables, food storage, cooking equipment, tables, etc. Attach or use the space below.

