PLAINVILLE-SOUTHINGTON REGIONAL HEALTH DISTRICT

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

APPLICATION - TEMPORARY FOOD SERVICE ESTABLISHMENT PERMIT

Date:_____ **Fees: 1 day event-$50; 2 day event-$75; 3-14 day event-$100**

EVENT Name / Location:_____

EVENT DATE / Hours you're operating:_____

Name of booth/tent:_____

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

Home address/phone or cell phone #/ EMAIL:_____

_____

Name of establishment/organization you represent:_____

Business address / phone #:_____

Check all that apply: You may choose more than one.

___Food(s) will be prepared, cooked, kept hot or cold on site at the event. * **Explain below**.*

___Food(s) will be prepared and/or cooked at another (approved) location and delivered ready to eat. **List location.**

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

List below all foods/drinks that will be offered. Clearly explain the processes and equipment you plan to use.

_____

_____

_____

_____

***If preparing, heating, cooking and/or hot or cold holding on site at the event, the site coordinator must be present at all times. Please submit a sketch of your operation set-up, along with this application to this office at least 7 days in advance.**

THE SITE COORDINATOR SHALL ENSURE ALL REQUIREMENTS ARE COMPLIED WITH AND THAT: ALL FOODS SHALL BE FROM AN APPROVED SOURCE; NO FOODS SHALL BE STORED OR PREPARED IN A PRIVATE HOME; A HAND WASH STATION IS PROVIDED, IF REQUIRED; NO BARE HAND CONTACT WITH READY TO EAT FOODS; FOODSERVICE GLOVES ARE USED, IF REQUIRED; AN ADEQUATE SUPPLY OF POTABLE WATER AND ICE, IF NEEDED, IS AVAILABLE FROM AN APPROVED SOURCE; ANY FOOD SERVICE EQUIPMENT, UTENSILS OR VEHICLES USED TO TRANSPORT, STORE, PREPARE OR SERVE FOOD IS INSPECTED AND APPROVED PRIOR TO USE; ALL FOODS ARE PROTECTED FROM INSECTS & OTHER SOURCES OF CONTAMINATION; ALL FOOD WORKERS ARE IN GOOD HEALTH AND WEAR CLEAN OUTER CLOTHING. **Additional requirements may be imposed, based on the operation. Contact PSHD staff for additional info.**

By signing below, you clearly understand and agree to comply with the above listed requirements and any other pertinent regulations, laws or ordinances. You also agree that the information you provided above is true and accurate. Any permits or approvals issued by this department can be revoked at any time. You agree to notify this department immediately upon any changes to the menu and/or operation.

_____ _____ _____

Signature of responsible person | Print name | Date

********** For Office Use Below **********

Date Scheduled for an inspection:_____ Date Paid:_____ Amount Paid:_____

Notes:_____ Approved by:_____