

MINDY CHAMBRELLI, MPH, RS, REHS DIRECTOR OF HEALTH DARIEN HEALTH DEPARTMENT 2 RENSHAW ROAD DARIEN, CT 203.656.7320

# TEMPORARY EVENT FOOD SERVICE PERMIT APPLICATION PACKET

A food service permit is required for all vendors serving food and beverages to the public on a temporary basis. The temporary even fee for a food service booth at a Temporary Event (including at a Farmer's Market) is \$175. The completed permit application must be returned to the event coordinator no less than 2 weeks prior to the event. Use the temporary food service events guide for reference.

### FAILURE TO SUBMIT A COMPLETED APPLICATION 2 WEEKS PRIOR MAY RESULT IN EXCLUSION FROM THE EVENT

| Name of Event:                          | Dates:  |
|---|---|
| Event Location: :                       |   |
| Business / Organization Providing Food: |   |
| Event time : I                          | Number of Booths:   |
| Applicants Name:                        |   |
| Daytime Phone:                          | Email:  |
| Non-Profit: Yes No (non-profits n       | nust submit a copy of the 501(c) 3 form as part of the application) |

| Contact person at Event (CFPM): |        |
|---------------------------------|--------|
| Daytime Phone:                  | Email: |

List of Primary Food Handlers at Event:

| NAME | PHONE |
|------|-------|
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## **TEMPORARY EVENT FOOD SERVICE PERMIT APPLICATION PACKET, PAGE 2**

A pre-opening inspection of the establishment with equipment in place and operational may be performed to determine compliance with the application as submitted.

| 1. | List all food and beverage items to be prepared and served, including condiments. Attach a separate sheet if necessary. NOTE: any changes to the menu must be submitted and approved by the Darien Health Department.   |  |  |  |
|----|---|--|--|--|
|    |   |  |  |  |
| 2. | Will all foods be prepared at the site? Yes No fill out below   Food will be prepared at which is an approved food service and preparation   facility permitted in the city/town of:  |  |  |  |
| 3. | If food is to be prepared outside Darien, attach a current copy of the permit/license for the facility where the food will be prepared Describe method used to maintain the proper temperatures of food during transportation:<br>Cold holding will be maintained by:<br>Hot holding will be maintained by: |  |  |  |
| 4. | List type of equipment that will be used to prepare food on site (cooking, hot holding, reheating and cooling if necessary):  |  |  |  |
| 5. | List the sources for each meat, poultry, seafood, shellfish and ice.  |  |  |  |
| 6. | Describe the number, location and setup of hand-washing facilities to be used by food handlers.   |  |  |  |

7. Describe where utensil washing will take place. If no facilities are available on site, how many extra utensils will you bring how will they be stored?

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- 8. Describe how and where wastewater from hand-washing and utensil washing will be collected, stored and disposed. (Improper disposal is not permitted i.e. Storm drains, open water courses, or on the ground).
- 9. How will any liquid and solid waste be disposed of?

#### **Complete Application Checklist:**

- □ Proposed layout of temporary food establishment (see list of requirements below)
- □ A copy of the current food service permit from the permitting health department
- $\Box$  Copy of the last routine inspection
- □ Certified Food Protection Manager Certificate (CFPM)
- Commissary kitchen information and Cottage Food License (if applicable)

#### Drawings of proposed temporary food establishment layout:

- □ Include the type of overhead covering, source of electricity i.e. generator. Please contact the Fire Marshall and Building Department for tent guidance.
- □ Identify and label all equipment including cooking, cold holding and reheating equipment.
- □ Hand-washing facilities, worktables, dishwashing facilities, food and single service storage, garbage containers and customer service areas.

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Darien Health Department may nullify final approval.

| Signature: | Date: |  |
|------------|-------|--|
|            |       |  |
|            |       |  |

| Office Use Only:             |       |
|------------------------------|-------|
| Application reviewed by:     | Date: |
| Application Approved: Yes No |       |
|                              |       |
|                              |       |