

NEWTOWN HEALTH DISTRICT DEPARTMENT OF HEALTH
3 PRIMROSE STREET, NEWTOWN, CT 06470
203-270-4291

EARTH DAY TEMPORARY EVENT LICENSE APPLICATION
Saturday, April 27, 2019

Fee: \$25.00 Payable to Newtown District Department of Health
APPLICATION DEADLINE FRIDAY, APRIL 12, 2019

Business Name:

Mailing Address:

Email Address:

Phone Number:

1. List **all** foods and beverages that will be served or provide a copy of the proposed menu:
2. Where and when will food be purchased? Provide receipts if requested.
3. Where will food be stored prior to event?
4. Where will food be prepared?
5. Specify sanitizing agent - Chlorine or Quat (circle one):
 ▶provide test strips
6. Specify water supply - public water or well (circle one)
7. Specify waste water disposal plan (where do you discard the grey water):
8. Specify waste oil disposal plan (if applicable):

Food Trucks must provide the following in an attachment:

- A current copy of the Food Service License issued to the Food Truck by local Health Department.
- If any menu items are prepared anywhere other than the truck, provide the location (address) of the Servicing Area – a fixed facility where food is prepared and stored prior to transportation to the event
- A copy of the Certified Food Protection Manager certificate for the individual working on the truck on the day of the event
- A diagram of the food truck including: cooking equipment, refrigeration, hot holding equipment, hand washing, warewashing, food preparation areas, storage of paper and cleaning supplies

The undersigned agrees to abide by all State and Local Ordinances in regard to the dispensing of food and beverages with the understanding that failure to comply with the before-mentioned may result in revocation or the suspension of your Temporary Food License.

Signature:

Date:

Application reviewed by:

Date Approved:

Fee paid:

NEWTOWN DISTRICT DEPARTMENT OF HEALTH

Worker Registry

(Retain for 90 days)

Business Name: _____

Date(s): _____

Provide contact information for each person working your booth / truck

NAME & ADDRESS	PHONE NUMBER / EMAIL

*****Food must be prepared and stored *inside* the food truck*****

_____ hand wash station: properly equipped with potable water, soap and paper towels

_____ a properly calibrated thermometer

_____ sanitizing test strips

_____ non-latex gloves for food handling / sampling / serving

_____ water / ice from an approved source (provide receipts)

