TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790
Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail info@tahd.org ♦ Web www.tahd.org

"Promoting Health & Preventing Disease Since 1967"

TEMPORARY FOOD SERVICE APPLICATION

Event:_____ Date:_____ Time:_____

Location of event:_____ Town:_____

Name of Food Service Booth:_____

Name of person completing application:_____

Street Address:_____Town:_____ State:_____

Zip code:_____ Phone Number:_____

Certified Food Protection Manager:_____

Phone for CFPM:_____ ***Please attach copy of CFPM certification (examples: ServSafe, 365 training, Safeway, etc.)**

Please complete the following information:

1. Provide a list of foods, beverages, and condiments which will be served at the event noted above: _____

_____

2. Prior to the event the listed items will be prepared at the following locations (ex, restaurant, licensed kitchen. **Home preparation and storage is prohibited**)

Name:_____ Street Address:_____

Town:_____ State:_____ Zip code:_____ Phone:_____

3. Food items will be properly stored prior to event at:_____
4. Potable water will be obtained from:_____
5. Waste water will be disposed at/how:_____

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Please provide the food safety procedures for the above event:

1. Temperature requirements for cold and hot food items will be maintained at site and during transportation. Please describe methods used to maintain these temperatures:

Cold food items @41 degrees F or below

Transporting:_____

At site:_____

Hot food items @135 degrees F or above

Transporting:_____

At site:_____

2. Hand washing for above event will be provided in the following manner:

_____

Submit application with the licensing fee (if applicable) **NO LATER THAN 2 WEEKS PRIOR to the event**. Failure to submit the application and licensing fee within the requested time frame will result in a **$100.00 fine or denial** of a Temporary Food Service License. THERE WILL BE NO REFUNDS OR CREDITS ISSUED

$50 Per Unit / Per Event – for a one day event

$75 Per Unit / Per Event – license for a single event that operates at a fixed location for a temporary period of time 2 or more consecutive days – not to exceed 14 days)

Religious groups, youth organizations and agencies funded in whole or in part by tax dollars from towns which are members of the Torrington Area Health District will be exempt from the registration fee. Fee exempt operations are obligated to apply and receive temporary food license.

I have thoroughly reviewed and attached material. I understand that I am liable for the quality and condition of the food served to the public. My staff and I will ensure the safety of all food and beverages stored, prepared, and served at the above event.

Signature of Person in Charge:_____Date:_____

TAHD- TEMPORARY FOOD EVENTS REGISTRATION FORM- PAGE 2
APPLICATIONS & FEES FOR MULTIPLE EVENTS MUST BE RECEIVED BY APRIL 1ST TO QUALIFY FOR A DISCOUNT

NAME:_____ PHONE:_____

NAME OF FOOD BOOTH: _____

EVENT	DATE	TIME	LOCATION	# OF BOOTHS	1 DAY EVENT	TOTAL
					X $50.00	
					X $50.00	
					X $50.00	
EVENT	**DATES**	**TIME**	**LOCATION**	**# OF BOOTHS**	**2-14 DAY EVENT**	**TOTAL**
					X $75.00	
					X $75.00	
					X $75.00	
					X $75.00	
					X $75.00	
					X $75.00	
					X $75.00	
					SUBTOTAL:	
					Minus 10% discount	
					AMOUNT DUE:	

TAHD is an equal opportunity provider and employer.

Revised 11/8/11