



**Stratford Health Department**  
**TEMPORARY FOOD SERVICE EVENT APPLICATION**

468 Birdseye Street • Stratford, CT 06615 • Phone (203) 385-4090 • FAX (203) 381-2048

Email [healthdepartment@townofstratford.com](mailto:healthdepartment@townofstratford.com) • Web Address [www.townofstratford.com/health](http://www.townofstratford.com/health)

LICENSE FEE PAID:  YES  NO Amount: \_\_\_\_\_ CASH: \_\_\_\_\_ CHECK No: \_\_\_\_\_  
 Date Application Received: \_\_\_\_\_ Approval Date: \_\_\_\_\_ (Returned Check Fee \$25)  
 Date of License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  Profit  Non-Profit Fee: \_\_\_\_\_  
 \$25 Late Fee (within 10-3 days before event): \_\_\_\_\_ \$50 Late Fee (less than 3 days before event): \_\_\_\_\_

**This application must be submitted to the Health Department 10 business days prior to the event. Applications submitted less than 10 business days prior to the event will be assessed an additional \$25 late fee. Applications submitted less than 3 business days prior to the event will be assessed a \$50 late fee. This Department reserves the right to deny applications submitted less than 3 business days before the event.**

Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_ Rain Date: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Event Sponsor/Charity (if applicable): \_\_\_\_\_

Name of Person Filing Application: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate which of the following conditions pertain to the applicant:

- Licensed food service establishment in Stratford
- Licensed food service establishment in another CT Town or City—Indicate location: \_\_\_\_\_  
 (If licensed in another town/city, please attach *last food inspection report* and *current license*.)
- Non-profit Organization

Name of Food Service Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

**Please describe food and food handling methods for the above event:**

1. List all foods and beverages that will be served at the event, include condiments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Where and when will food be purchased? \_\_\_\_\_

3. What time will the food be delivered and how will it be transported? \_\_\_\_\_

4. Indicate how food will be prepared (check all that apply): \_\_\_\_\_

Prepare at licensed facility (List facility): \_\_\_\_\_



# Stratford Health Department TEMPORARY FOOD SERVICE EVENT APPLICATION

- Prepare in licensed institutional kitchen (List facility): \_\_\_\_\_
- Prepare at event: \_\_\_\_\_

5. List where and how food will be stored prepared prior to the event:  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe how foods will be thawed: \_\_\_\_\_

7. Explain in detail how food service workers will limit excessive food handling: \_\_\_\_\_  
\_\_\_\_\_

**Please provide Food Safety Procedures for the above event:**

8. How will cold foods be kept cold? (below 45F)  
During Transportation: \_\_\_\_\_  
At Site: \_\_\_\_\_

9. How will hot foods be kept hot? (above 140F)  
During Transportation: \_\_\_\_\_  
At Site: \_\_\_\_\_

10. Describe hand-washing facility INSIDE food booth in detail\*: \_\_\_\_\_  
\_\_\_\_\_

\*NOTE Commercial establishments must have commercial NSF-approved hand sinks.

11. Location of food service workers toilet facility: \_\_\_\_\_

10. Describe how you will sanitize utensils, etc. in your food booth:  
\_\_\_\_\_

12. Do you have test strips to verify the sanitizer?  Yes  No

13. List the type of sanitizer that will be used: \_\_\_\_\_

14. Indicate the proper concentration (in parts per million) for the type of sanitizer being used: \_\_\_\_\_

15. Will there be a Qualified Food Operator (QFO) present at the food booth?  Yes  No

QFO Name: \_\_\_\_\_ Date of QFO Exam: \_\_\_\_\_

16. What will be done with the leftovers? \_\_\_\_\_



## Stratford Health Department TEMPORARY FOOD SERVICE EVENT APPLICATION

17. Will there be probe thermometer present to take internal temperatures of food products?  Yes  No

18. How will thermometers be sanitized after use? \_\_\_\_\_

19. Will ambient air thermometers be present in cold holding units?  Yes  No

20. Will ambient air thermometers be present in hot holding units?  Yes  No

**Please list\* all food service workers who are scheduled to work in the food booth, indicate which ones are shift managers:**

---

---

---

**\*In addition, you are required to maintain a list of all food service workers who actually worked at your booth on the day of the event.**

The undersigned owner 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 the revocation or the suspension of your food license. The undersigned has received a copy of the **Guide for Temporary Food Services** and will have all food service workers read the guide prior to working at the food booth.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

---

---

---



**Stratford Health Department  
TEMPORARY FOOD SERVICE EVENT APPLICATION**

**Please sketch your food booth. Include locations of tables, grills, hand sinks, etc.**

A large, empty rectangular box with a thin black border, intended for the applicant to draw a sketch of their food booth layout. The box is currently blank.