



Stratford Health Department
TEMPORARY FOOD SERVICE EVENT APPLICATION

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TEMPORARY FOOD SERVICE LICENSE FEE \$60.00 FOR PROFIT/\$5.00 FOR NON-PROFIT

PAID: YES NO Amount: _____ CASH: _____ CHECK No: _____ (Returned Check Fee \$25)

Date Application Received: _____ Approval Date: _____

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: _____ Time: _____ 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? _____



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

Prepare at licensed facility (List facility): _____

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: _____

12. Describe how you will sanitize utensils, etc. in your food booth:

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

14. List the type of sanitizer that will be used: _____

15. Indicate the proper concentration (in parts per million) for the type of sanitizer being used: _____



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

QFO Name: _____ Date of QFO Exam: _____

17. What will be done with the leftovers? _____

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

19. How will thermometers be sanitized after use? _____

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

21. 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: _____



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