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Colchester, East Haddam, East Hampton, Hebron, Marlborough, & Portland

## **2019 TEMPORARY FOOD LICENSE APPLICATION**

Name of CFPM or Person in charge with Temporary Event Training Certification (include copy of certificate)				
Name of Business/ Association				
Mailing Address	Phone#			
Email Address				
application must be completed and submitted to 0 involving 5 or fewer booths, and at least 30 DA	each TFE booth must complete this application. The Chatham Health District at least 10 DAYS before an event an event event involving more than 5 food booths.  Il commercial permits not received or non-profits  "Non-profit" Fee			
\$50.00 for one day event\$75.00 for two day event\$125.00 for three or more days\$150.00 event with 50+ vendors	\$30.00 for one day event \$40.00 for two day event \$75.00 for three or more days \$75.00 event with 50+ vendors			
Name & Address of Event:				
Date(s) of Event:				
Hours of the Event:				
Date and time the TFE will be ready for inspection	n:			

<u>Provi</u>	de all of the following:
	A sketch of booth, tent or trailer and include all equipment.
	If more than <u>5</u> booths are proposed a drawing of the <b>entire event area</b> is required, depicting their TFE site in relation to the potable water supply, electrical sources, the waste water disposal area, lavatories, etc., as well as all food preparation and service areas at the event is required.
	A <u>COPY</u> of <u>CFPM</u> or <u>Temporary Event Training Certificate</u> for the person in charge
your f	e provide the following information: All questions MUST be answered to determine if food permit will be approved. (If any of the following questions do not apply please er with N/A).
1.	Menu: Please list all food and beverage items to be prepared and served at temporary event (attach on separate sheet if necessary)
	Hot Food:
	Cold Food:
	Beverages:
	Other:
2.	Will all food be prepared at the temporary food event? YES NO
3.	Describe the food source and operation approach at the event:  Note: There shall be no home cooking or home preparation of food offered at temporary food events.  All food must be obtained from a licensed and permitted retail or wholesale distributor.  a. Food prepared or precooked at a licensed kitchen or restaurant. Yes  b. Precooked food ordered/purchased or donated by food establishment. Yes  c. Food will be cooked on the premises. Yes Mobile Vendor Yes

4. If you answered yes to question 3a or 3b

a. Name of licensed food establishment \_\_\_\_\_

b. Address of licensed establishment \_\_\_\_\_

c. Please submit license to Chatham Health District with this application if issued outside the Chatham Health District.

Describe how Potentially Hazardous Foods (PHF) will be transported from the licensed kitchen to the event SAFELY within adequate temperature range (be specific):  Thermal Vehicles:  Thermal Box:  Other (describe):  NOTE: record time and temperatures of all products before leaving base of operation (this allows
Chatham Health District to allow reheating or rapid chilling of food product onsite rather than discarding food items)
Identify cooking equipment and approach, choose as many as apply: Gas GrillKettle (corn)Smoker SteamerPropane burner/StoveDeep Fryer Conventional Oven Other(specify)
What heat source will be used to keep food hot at 135 degrees and above? Electric SteamerChaffing dishes N/A (cold food only) Propane Steamer Other(describe)
Describe how cold foods will be kept at 41 degrees and below. Commercial cooler/freezerCooler with IceIce packsOther (describe)
You are required to have thermometers and a way to sanitize thermometers onsite. Select from items below which you will have onsite:  Digital thin probe thermometer  Alcohol Swabs  Cooler thermometers  Metal Stem Thermometers
Describe how electricity will be provided to the tempororary food establishment.
List all places (names and addresses) where the food and/or ice is purchased (especially meats, poultry, seafood (shellfish tags must be kept with the product and held for 90 days)). (ie: BJ's Restaurant Depot)
Identify the source of the potable water supply and describe how water will be stored and distributed at the temporary food event. If a non-public water supply is to be used you must submit most recent water tests with this application.

13. What will be provided for washing facilities to be used by employees.  a. Commercial Electric Portable hand washing station  b. Portable hand washing set up: Yes, MUST include all listed items below: Thermal water tank with Spigot Waste Water Bucket Soap Paper Towels
<ul> <li>14. How and where will equipment and utensils be washed?</li> <li>a. Commercial ware washing facility on event premises</li> <li>b. Portable 3-bay sink</li> <li>c. Three containers of suitable size (adequate for submerging largest piece of equipment)</li> <li>d. Will bring back to the base of operation to wash (ONLY for events less than 4 hours)</li> <li>e. Not applicable (if using single service utensils or prepackaged foods)</li> </ul>
15. What type of sanitizer will be used? You must provide corresponding test strips to be sure sanitizer is the correct concentration.  Chlorine Sanitizer (bleach and water solution)  Quaternary ammonium solution
16. Waste water and grease disposal: Describe how wastewater will be collected, stored and disposed. NOTE: No waste water or grease is permitted to be disposed of on the ground or down a storm drain Collected by event coordinator Bring back to base of operation
17. Garbage containers: Describe the number and location of garbage containers.
<ul> <li>18. Food protection equipment required:</li> <li>a. Tent required if food will be prepared, cooked and dispensed outside</li> <li>b. Food MUST be properly covered, sneeze guards will be required for self-serve or areas open to the public</li> <li>c. Adequate shelves required for storing food and food service items, containers MUST be of the floor</li> </ul>
19. Personal Hygiene Effective hair restraints (hat or hair net) No exposed open cuts/wounds Clean outer clothes including apron Food grade gloves
NOTE: Any personnel with undiagnosed fever, diarrhea, vomiting are prohibited from working 72 Hours after they become symptomatic. If there is any questions regarding this please contact Chatham Health District.

20. List all employee/volunteer names, address, phone number, shift worked and duties. Please see employee log attached.

I will fill out the attached log, Attachment C, and keep it on file for 90 Days.

Person in charge Signature: X		Date:		
for office use only for office use of				
Training certificate provided and	reviewed - Circle one:	CFPM or TFE		
Date Sanitarian contacted applica	ant	_		
Notes				
APPROVAL:YESNO	CLASS:	I II III IV		
Any Permit Restrictions:				
Sanitarian Signature:		Date:		
			=====	

## **Food Booth Checklist**

In order to prepare for CHD to inspect your booth, please ensure the items below are completed and available.

The Inspector will ask to see this form is completed prior to inspection.

Booth Name	Date
Completed Worker Sign-in Form	
Water from approved source (backflow preventer a	and food grade hoses when needed)
Waste water disposed of in an approved manner (	not on the ground)
Restroom facilities sanitary and convenient for food	d workers (hand washing station encouraged)
Hand washing facilities with hot water from disper water container and trash can.	nser with spigot, liquid soap, paper towels, waste
_Trash cans convenient, emptied regularly in a sani	itary way and location.
_Adequate and calibrated food thermometers, alcoh	nol wipes/sanitizers
_Working thermometers for all cold holding units.	
_Working and clean facilities to keep cold foods cold	d (<41°F internal temperature)
_ Facilities to cook and keep food hot (>135°F for in	iternal holding temperatures)
_Food cooked and held at proper temperatures and	staff knowledge of temperatures
_Food protected at all times (covered and off the gro	ound)
_Separate areas and/or utensils/cutting boards for p	poultry, meats, seafood, and non PHF
_Wiping rags in clean, labeled bucket with sanitizer	
_Minimizing bare hand contact and frequent hand w	vashing
_Staff attire-hairnets or hats, clothing clean and cov no exposed cuts, burns or open wounds	ered by apron, minimal jewelry, closed toed shoes
Establishment clean	
Cor	mpleted by X

## **Attachment C**

BOOTH NAME OR BUSINESS	
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## **TEMPORARY EVENT LOG**

Name of Employee/ Volunteer and duties	Phone #	TIME IN/OUT	Date
Joe Smith (cook)	860.555.5555	10:00-7:00	09.02.16

Note: This form must be kept for 90days after the event.