



West Haven Health Department
 355 Main Street, 2nd Floor
 West Haven, CT 06516
 203-937-3660 Fax: 203-937-3976
www.whhd.org

TEMPORARY EVENT FOOD PERMIT APPLICATION

| Length of Event (day ends at midnight) | For profit | Non-profit |
|---|--|---|
| 1-Day | \$100 \$35. (with existing WHHD permit) | \$25.00 No fee (with existing WHHD permit) |
| 2-14 Days | \$200 | \$50.00 |
| Late fee (if application and fees are not received by Health Department within 10 days of event.) | \$50.00 | \$25.00 |
| Seasonal (15 – 90 Days) | \$300 (New) | |

Date: _____

Name of Event: _____

Date and Time of Event: _____

Location of Event: _____

Name of Sponsor/Organizer of Event: _____

Will all foods be prepared at the temporary food service booth? Y or N

If no, provide name and address of licensed kitchen _____

*Include a copy of the current food service license if not licensed by West Haven Health Department.

Person responsible for Event:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature: _____

Is this a nonprofit organization? Yes/No

Building Official: _____

Fire Official: _____

NO HOME COOKED FOODS OR FOODS PREPARED IN AN UNAPPROVED FACILITY ARE PERMITTED

List all foods being served at the event.

1. Food _____

Preparation needed:: _____

If hot food, indicate the final internal temperature _____ °F

2. Food _____

Preparation needed:: _____

If hot food, indicate the final internal temperature _____ °F

3. Food _____

Preparation needed:: _____

If hot food, indicate the final internal temperature _____ °F

4. Food _____

Preparation needed:: _____

If hot food, indicate the final internal temperature _____ °F

5. Food _____

Preparation needed:: _____

If hot food, indicate the final internal temperature _____ °F

(additional room provided on attached menu information chart)

List all beverages and desserts _____

Where and when will foods be purchased? _____

Where will foods be stored prior to event? _____

Will foods be cooked/prepared prior to the event? Y or N

If yes, how will they be cooled? _____
How will foods be reheated and to what
temperature? _____

When and how will foods be delivered to the event? _____
How will foods be kept cold (below
45°F)? _____

How will foods be kept hot (above
140°F)? _____

Will any foods be thawed? Y or N
If yes, how and
when? _____

Will there be a probe thermometer available to take food temperatures? Y or N

Explain how food workers will limit bare hand contact with
foods _____

Describe in detail the hand washing facility at the food
booth _____

Describe how you will sanitize utensils, etc. at the food
booth _____

Are sanitizer test strips available to verify the concentration level of sanitizer? Y or N
(ex: 50-100ppm Chlorine)

If the food booth is outside, what will be used for overhead food
protection? _____
(If cooking underneath tents, they must be approved for use by the Fire Department)

Requirements for temporary food service booths:

- A logbook showing the name, phone number, date and time worked must be signed by all food handlers for each day of the event (**attached**)
- All events must have hand washing facilities including soap, paper towels and waste water receptacle at each food booth.
- A digital thermometer must be available to take food temperatures.
- Hair restraints such as hairnets or baseball caps must be used when working in the food booth.
- Foods must be stored in food grade containers (do not use buckets or trash cans).
- Ill workers are not allowed to work at the event.
- No smoking or eating is allowed in the food booth.
- All foods must be covered and stored off of the ground.
- All foods and beverages (including water and ice) must be from an approved source.
- An approved sanitizing solution must be used.

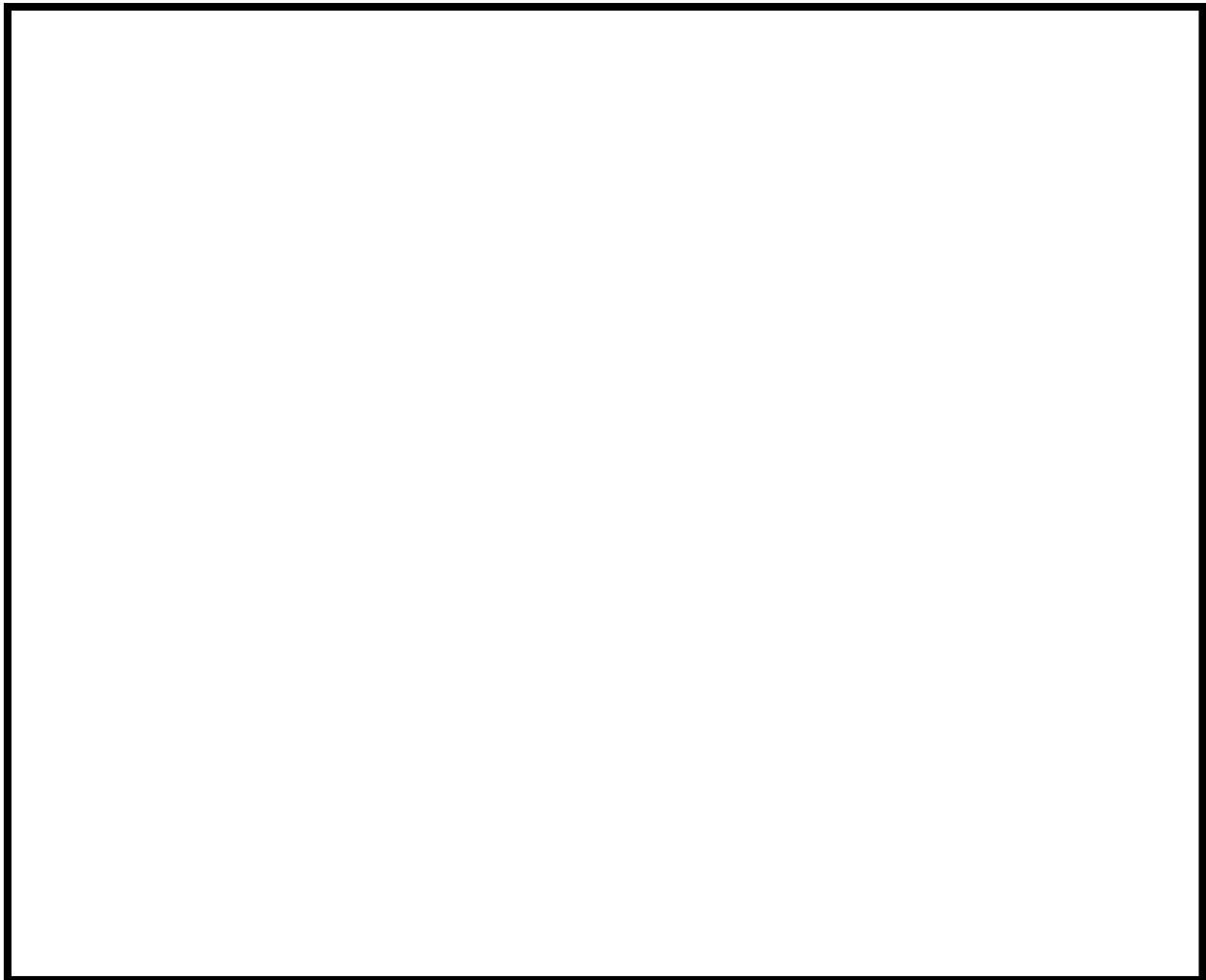
- A sketch of the food booth layout (**attached**)

Signature _____

Date: _____

BOOTH LAYOUT

Please draw a sketch of the proposed food booth. Indicate the placement of all major pieces of equipment including work surfaces, serving area, refrigeration, freezers, hot holding devices, cold holding equipment, cooking equipment, hand washing station, utensil washing facility, dry storage provisions, and/or any other equipment that you intend to use in the food booth. Specify flooring, roof, sides (type, placement).



For Office Use Only

Fee Required: Yes/No

Application Received on: _____ Amount Paid: _____ Date Paid: _____

Permit Issued By: (Circle which applies) Delivered: Picked up: Mailed:

Approved by (Sanitarian): _____

Rev. 3/4/20