



West Haven Health Department  
355 Main Street, 2<sup>nd</sup> Floor  
West Haven, CT 06516  
203-937-3660 Fax: 203-937-3976  
[www.whhd.org](http://www.whhd.org)

**TEMPORARY FOOD EVENT 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: \_\_\_\_\_

Name of Vendor: \_\_\_\_\_

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 probe thermometer must be available to take food temperatures.
- Hair restraints such as hairnets and 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. 4/5/21