



DANBURY HEALTH DEPARTMENT
155 Deer Hill Avenue
Danbury, Connecticut 06810
(203) 797- 4625

Application for Temporary Food Service License

Instructions for Completion of Form

Please follow these instructions carefully:

1. Complete the Application for a Food Service License.

All information requested must be completed and all questions answered.

If not applicable, write N/A.

A menu must be submitted, using the attached menu form.

A Food Event Sketch must be submitted, you may use the form provided or your own.

2. Out-of-town Food Service Establishments are required to submit a current food service license issued by another health department or district.

3. Class III and Class IV Food Service Operations Must Attach A Copy of the Qualified Food Operator (QFO) Certificate. You may also attach your QFO Certificate if you have one.

4. **A Temporary Food Service License Fee for 1-14 days is \$80.00; Temporary Food Service License Fee for 15-28 days is \$160.00. Non-profit organizations must submit proof of status at time of application.**

5. **All payments must be made by check or money order, payable to "City of Danbury".**

6. **A separate application is required for each food truck, cart or booth to be operated.**

7. Return completed application to the Danbury Health Department no later than 3 business days BEFORE the event. *Please note that the Health Department is closed on Fridays. Late applications are subject to an \$80 late fee. For example: Applications received on Wednesday for an event to be held that Saturday will be considered late, and subject to a late fee of \$80.



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Application For Temporary Food License

Please Check Type of License:

Temporary: 1 to 14 consecutive days Temporary: 15 to 28 consecutive days

Name of Applicant: _____

Address: _____

State: _____ Zip: _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

N

Name of Event/Organization/ Business: _____

Mailing Address: _____ Town: _____

State: _____ Zip: _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

Location of Event: _____

Date(s) of Event: _____

Hours of Food Service Operation: _____

Event Organizer: _____

Business Phone: _____ Cell Phone: _____

Please check Type of Water Supply:

Self-contained / Home At Event Site Other (please describe):
 Public Water Public Water _____
 Private well * Private well * _____

* Water analysis results performed within 3 months of the date of the event **must** be submitted with application

Please Check Type of Toilet Facilities and Location:

Rest Rooms Portable toilets

Please answer the following questions:

Note: All questions must be answered. Food Service License will not be issued for incomplete applications.

1. Using **Menu Sheet** list all foods and beverages that will be served. Indicate where food will be made or purchased. (Note: Ice is considered a food)
2. Submit a **sketch showing the layout of the food event**. Show work tables/counters; cooking and hot holding equipment; coolers/refrigeration; hand washing stations; 3 bay sinks; customer service table/counter, beverage station, dessert station, etc.
3. Will all foods be prepared at this food service event site? Yes No
If answered "No", the facility used must be a licensed commercially inspected kitchen and the appropriate Health Department License must be attached. Also, describe how food will be protected during transportation and how product temperatures will be maintained (exempt status for CT Farmers).
4. Will any foods be prepared ahead of time? List food item(s) and details of preparation - when; where; how cooled; how reheated, etc. Please note that preparing food ahead of time may not be allowed.

5. Describe how temperatures of hot foods will be maintained while transporting to event, and monitored during the event (include equipment, etc.). _____

6. Describe how temperatures of cold foods will be maintained while transporting to event, and monitored during the event (include equipment, etc.). _____

7. Describe where and how cleaning and sanitizing of utensils, cutting boards, and other food contact surfaces will take place. Also, describe provisions for backup utensils (sanitized test strips must be available/used based on type of sanitizer used). _____

8. Describe how food items will be protected from public exposure (sneezing, coughing, touching, etc.) and outdoor elements (flies, dust, etc). Describe how food will be stored at the event (minimum of 12 inches off the ground). _____

By my signature below, I hereby agree to use standard food safety practices and guidelines when serving food and/or drink to the public. Failure to comply with the CT food/drink protection general statutes, regulations including CT Public Health Code Sections 19-13-B40, 19-13-B42, and any other regulations that may apply, and City Ordinances, may result in revocation of the Danbury Health Department food service license.

Signature of Applicant

Date

Fee Schedule:

Check One:	Amt. Due	Amount Pd	Check #	Date
<input type="checkbox"/> 1-14 Day Temporary Food License*	\$80.00	_____	_____	_____
<input type="checkbox"/> 15-28 Days Temporary Food License *	\$160.00	_____	_____	_____

*Temporary Food Licenses are measured in consecutive days. All fees are non-refundable

FOR DANBURY HEALTH DEPARTMENT OFFICE USE ONLY

Receipt#	AMOUNT PAID	*NON-PROFIT FEE- \$35.00 for 1-14 days; \$70.00 for 15-28 days (Proof of Non-Profit Status Required) <small>*Section 8A-6 (11) Code of Ordinances</small>
		Review/Inspec. _____ Date _____

Application reviewed by: _____

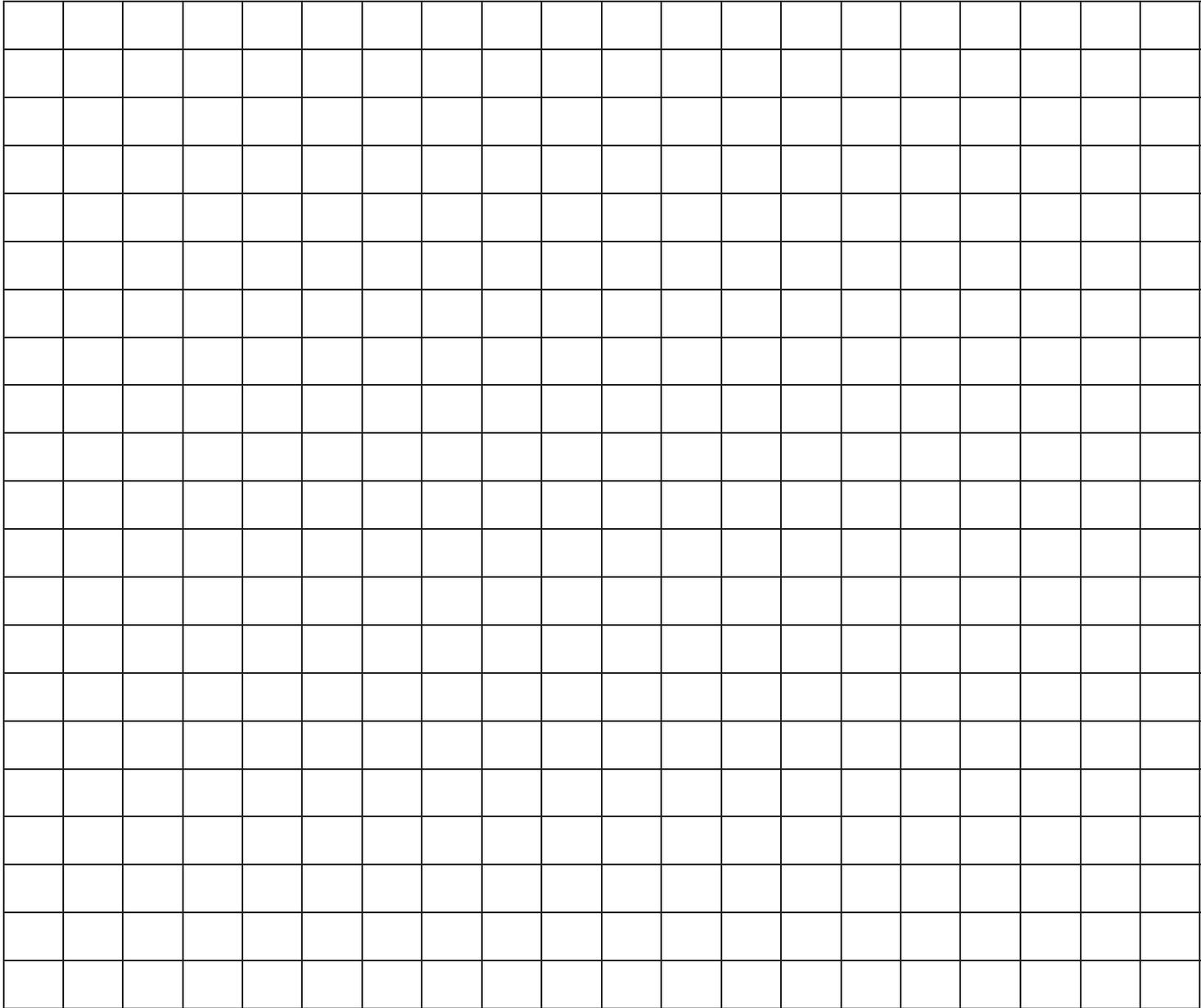
Comments: _____

APPROVED BY: _____

DATE: _____

FOOD EVENT SKETCH

Draw the location and identify all equipment including handwashing facilities, dishwashing or utensil washing facilities, ranges, refrigerator, hot and cold holding equipment worktables, food/single service storage, grills, etc.

A large grid consisting of 20 columns and 20 rows of squares, intended for drawing a food booth layout.

Describe food booth, including walls, flooring, screening, counter materials, and lighting.