

REV: 5/2015

CITY OF DANBURY  
HEALTH & HUMAN SERVICES DEPARTMENT  
155 DEER HILL AVENUE, DANBURY, CT.  
Phone (203) 797- 4625

TEMPORARY  
LICENSE

APPLICATION FOR LICENSE TO OPERATE A **TEMPORARY** FOOD SERVICE ESTABLISHMENT  
FOR THE DATES OF OPERATION ONLY- Not to exceed period of 14 days per 19-13-B42-51 CTPH

All questions must be completed before issuance of license.

NAME OF TEMPORARY EVENT: \_\_\_\_\_

DATE(S) & TIME(S) OF EVENT: \_\_\_\_\_

FACILITY HOSTING EVENT: \_\_\_\_\_

ADDRESS OF EVENT: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

APPLICANT PHONE #: \_\_\_\_\_ APPLICANT CELL PHONE #: \_\_\_\_\_

APPLICANT FAX #/ and or EMAIL: \_\_\_\_\_

EVENT MANAGER'S NAME: \_\_\_\_\_

APPLICATIONS MUST BE SUBMITTED min. of 3 DAYS Prior & CAN NOT be approved same day

I certify that I will contact a food inspector for a meeting to review the compliance guide for operation of temporary food services prior to commencement of the event. I declare that I will maintain my food service establishment in compliance with the regulations set forth in Section 19-13-B42 of the Connecticut Health Code, and with the Food Service Ordinance of the City of Danbury. I understand that failure to do so may result in suspension of my license to operate.

**X** \_\_\_\_\_ Signature of Applicant / Manager in Charge).

(OFFICE USE ONLY)

Receipt #		<b>FEE</b> <b>\$80.00</b>	<b>*NON-PROFIT FEE- \$35.00 (Proof Required)</b> *Section 8A-6 (11) Danbury Code of Ordinances Review/Inspec. _____ Date _____
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**TEMPORARY FOOD SERVICE LICENSE.**

This is to certify that \_\_\_\_\_ is granted a license to operate a temporary food service for a period not to exceed fourteen days from date of \_\_\_\_\_.

APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

## ITEMS NEEDED FOR TEMPORARY FOOD SERVICE LICENSE

1. Application – MUST BE COMPLETE.
2. Copy of QFO Certificate ( if serving PHF ) .
3. Layout of Food Preparation Area (where food will be cooked)
4. List of Equipment on Site (Example: grill , 3 bay sink, freezer, hand washing unit, etc)
5. Menu ( List of all food, beverages, to be served)
6. Payment (Checks made out to City of Danbury)  
Temporary Food Service License - \$80.00  
Non-profit Temporary Food Service License- \$35.00 \*  
\*Please note- copy of Tax ID Certificate required
7. PLEASE NOTE: APPLICATIONS MUST BE SUBMITTED A MINIMUM OF 3 DAYS PRIOR TO EVENT. ( They can not be approved on SAME DAY SUBMITTED).
8. Please See reverse page for General Checklist info.

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## **GENERAL CHECKLIST FOR TEMPORARY FOOD SERVICE OPERATORS**

**Updated 5/2015**

- Probe – type thermometer for monitoring proper cooking & holding temperatures  
(Range of 0 degrees F – 220 degrees F, accurate +/- 2 degrees F)
- Thermometers for all refrigerators or cooling units – all units used for keeping foods cold must be maintained at a temperature below 45 degrees F. Meat must be kept at or below 41 degrees F.
- Coolers packed with ice / ice packs or refrigeration units – if applicable
- Plastic wrap / covers for all containers
- Hand washing station with liquid hand soap, paper towels, wastebasket
- Extra utensils, cutting board, and/or gloves – for food preparation, service, sampling, and demos.
- Potable water supply – for washing and hand washing.
- Utensil wash / rinse / sanitize containers – where required
- Soap & Water solutions – for washing equipment and services
- Sanitizer solutions – for sanitizing equipment and surfaces, and for storing wiping cloths
- Waste water disposal container
- Grease disposal container
- Garbage containers – with plastic liners
- Paper towels / Clean wiping cloths
- Aprons
- Hair restraints
- Shelving / crates – for off the ground storage for all food products, single service articles and equipment
- Lights – with shields and caps or shatter proof bulbs ( if lighting is needed)
- Adequate toilet / handwashing facilities – for the food workers with exposed foods as required.
- Adequate facilities to maintain HOT potentially hazardous foods at 140 degrees F or higher/
- Adequate facilities / equipment to maintain COLD potentially hazardous foods at 45 degrees F or lower.

**PLS PROVIDE FAX NUMBER & or EMAIL to PROVIDE YOU WITH APPROVAL.**

**NOTE: APPLICATIONS CAN NOT BE APPROVED ON THE SAME DATE SUBMITTED.**

**THEY ALSO MUST BE SUBMITTED AT LEAST 3 DAYS PRIOR TO EVENT.**

**ALTERNATE PERSON IN CHARGE  
DEMONSTRATED KNOWLEDGE STATEMENT**

(viii) IDENTIFY AND RECOGNIZE THE FOODS MOST COMMONLY ASSOCIATED WITH FOOD ALLERGIES.

(B) DEMONSTRABLE ELEMENTS OF COMPETENCY

(i) ASSESS THE POTENTIAL FOR FOODBORNE ILLNESS IN A FOOD SERVICE ESTABLISHMENT -  
PERFORM OPERATIONAL FOOD SAFETY ASSESSMENT; RECOGNIZE AND DEVELOP STANDARDS, POLICIES  
AND PROCEDURES, SELECT AND TRAIN EMPLOYEES; IMPLEMENT SELF AUDIT/INSPECTION PROGRAM;  
REVISE POLICY AND PROCEDURE (FEEDBACK LOOP); IMPLEMENT CRISIS MANAGEMENT PROGRAM.

(ii) ASSESS AND MANAGE THE PROCESS FLOW-IDENTIFY APPROVED SOURCE; IMPLEMENT  
AND MAINTAIN A RECEIVING PROGRAM; IMPLEMENT AND MAINTAIN STORAGE PROCEDURES;  
IMPLEMENT AND MAINTAIN PREPARATION PROCEDURES; IMPLEMENT AND MAINTAIN  
HOLDING/SERVICE/DISPLAY PROCEDURES; IMPLEMENT AND MAINTAIN COOLING AND POST  
PREPARATION STORAGE PROCEDURES; IMPLEMENT AND MAINTAIN RE-SERVICE PROCEDURES;  
IMPLEMENT AND MAINTAIN TRANSPORTATION PROCEDURES.

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I \_\_\_\_\_ attest that \_\_\_\_\_  
(Print Name of Owner or Operator) (Print Name of Alternate Person in Charge)

is employed as the alternate person in charge and has demonstrated to me the elements of knowledge and demonstrable elements of competency as described in A and B, as listed above.

Signature and Title \_\_\_\_\_ Date \_\_\_\_\_  
(Signed by Owner/Operator of the Establishment)

Signature and Title \_\_\_\_\_ Date \_\_\_\_\_  
(Signed by Alternate Person in Charge)

Name of Establishment \_\_\_\_\_

Address of Establishment \_\_\_\_\_

## ALTERNATE PERSON IN CHARGE DEMONSTRATED KNOWLEDGE STATEMENT

Pursuant to Public Health Code (PHC) Section: 19-13-B42(s)(8)(B) and 19-13-B49(t)(7)(B), the owner or manager of the food service/catering food service establishment shall designate an alternate person who has demonstrated the elements of knowledge and competency listed below, as per PHC Section 19-13-B42(s)(6), 19-13-B49(t)(5), to be in charge at all times when the qualified food operator cannot be present.

The alternate person in charge shall be responsible for ensuring that all employees comply with the regulations and that foods are safely prepared; handling emergencies; admitting the inspector; and receiving and signing the inspection report.

A signed statement must be provided by the owner/operator of the food service or catering food service establishment (as applicable), attesting that the alternate person in charge has demonstrated knowledge of food safety as specified below:

### (A) ELEMENTS OF KNOWLEDGE

- (i) IDENTIFY FOODBORNE ILLNESS – DEFINE TERMS ASSOCIATED WITH FOODBORNE ILLNESS; RECOGNIZE THE MAJOR MICROORGANISMS AND TOXINS THAT CAN CONTAMINATE FOOD AND THE PROBLEMS THAT CAN BE ASSOCIATED WITH THE CONTAMINATION; DEFINE AND RECOGNIZE POTENTIALLY HAZARDOUS FOODS; DEFINE AND RECOGNIZE ILLNESS THAT CAN BE ASSOCIATED WITH CHEMICAL AND PHYSICAL CONTAMINATION; DEFINE AND RECOGNIZE THE MAJOR CONTRIBUTING FACTORS FOR FOODBORNE ILLNESS; RECOGNIZE HOW MICROORGANISMS CAUSE FOODBORNE DISEASE.
- (ii) IDENTIFY TIME/TEMPERATURE RELATIONSHIP WITH FOODBORNE ILLNESS-RECOGNIZE THE RELATIONSHIP BETWEEN TIME/TEMPERATURE AND MICROORGANISMS (SURVIVAL, GROWTH, AND TOXIN PRODUCTION); DESCRIBE THE USE OF THERMOMETERS IN MONITORING FOOD TEMPERATURES.
- (iii) DESCRIBE THE RELATIONSHIP BETWEEN PERSONAL HYGIENE AND FOOD SAFETY- RECOGNIZE THE ASSOCIATION BETWEEN HAND CONTACT AND FOODBORNE ILLNESS; RECOGNIZE THE ASSOCIATION BETWEEN PERSONAL HABITS AND BEHAVIORS AND FOODBORNE ILLNESS; RECOGNIZE THE ASSOCIATION BETWEEN HEALTH OF A FOOD HANDLER AND FOODBORNE ILLNESS; RECOGNIZE HOW POLICIES, PROCEDURES AND MANAGEMENT CONTRIBUTE TO IMPROVED FOOD HYGIENE PRACTICES.
- (iv) DESCRIBE METHODS FOR PREVENTING FOOD CONTAMINATION FROM PURCHASING TO SERVING – DEFINE TERMS ASSOCIATED WITH CONTAMINATION; IDENTIFY POTENTIAL HAZARDS PRIOR TO DELIVERY AND DURING DELIVERY; IDENTIFY POTENTIAL HAZARDS AND METHODS TO MINIMIZE OR ELIMINATE HAZARDS AFTER DELIVERY.
- (v) IDENTIFY AND APPLY CORRECT PROCEDURES FOR CLEANING AND SANITIZING EQUIPMENT AND UTENSILS-DEFINE TERMS ASSOCIATED WITH CLEANING AND SANITIZING; APPLY PRINCIPLES OF CLEANING AND SANITIZING; IDENTIFY MATERIALS, EQUIPMENT, DETERGENT, SANITIZER; APPLY APPROPRIATE METHODS OF CLEANING AND SANITIZING; IDENTIFY FREQUENCY OF CLEANING AND SANITIZING.
- (vi) RECOGNIZE PROBLEMS AND POTENTIAL SOLUTIONS ASSOCIATED WITH FACILITY, EQUIPMENT, AND LAYOUT - IDENTIFY FACILITY, DESIGN, AND CONSTRUCTION SUITABLE FOR FOOD SERVICE ESTABLISHMENTS; IDENTIFY EQUIPMENT AND UTENSIL DESIGN AND LOCATION.
- (vii) RECOGNIZE PROBLEMS AND POTENTIAL SOLUTIONS ASSOCIATED WITH, TEMPERATURE CONTROL, PREVENTING CROSS CONTAMINATION, HOUSEKEEPING AND MAINTENANCE-IMPLEMENT SELF INSPECTION PROGRAM; IMPLEMENT PEST CONTROL PROGRAM; IMPLEMENT CLEANING SCHEDULES AND PROCEDURES; IMPLEMENT EQUIPMENT AND FACILITY MAINTENANCE PROGRAM.