



# CITY OF DANBURY

HEALTH & HUMAN SERVICES DEPARTMENT  
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## **License Application for Itinerant Food Vendor**

*Application for a license to operate a mobile food service establishment within the territorial limits of the City of Danbury (application must be completed for every mobile food service vehicle)*

Please check appropriately: New Operation  Change of Ownership  License Renewal

Equipment Type: Truck  Van  Trailer  Cart

Trade Name: \_\_\_\_\_

Vehicle License Plate #: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

Make & Model of Vehicle: \_\_\_\_\_ VIN#: \_\_\_\_\_

Owner of Vehicle: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Qualified Food Operator/s\*: \_\_\_\_\_

\*Included copies of certificates

Proposed Location/s\*: \_\_\_\_\_

\*Locations for operation shall be approved by the Department of Planning & Zoning

Operating Season: Year Round  Seasonal

Hours of Operation: Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

Water Source: Public  Private

## **Food Vendor Questionnaire**

What type of sanitizer is used? \_\_\_\_\_

Are test papers and/or kits available for checking sanitizer concentration? YES  NO

Is a Three compartment sink available? YES  NO

Are handwashing facilities available? YES  NO

Describe setup if not a fixed handsink: \_\_\_\_\_

Is hot and cold running water under pressure available at each handwashing sink? YES  NO

Will non-latex disposable gloves and/or utensils and/or food grade paper be used to minimize handling of ready-to-eat foods? \_\_\_\_\_

Complete Menu included? YES  NO

Where will food products be purchased? (All items must be from an approved source) \_\_\_\_\_

\_\_\_\_\_

Where will food be stored outside of operation hours? \_\_\_\_\_

\_\_\_\_\_

Food Preparation (Describe): \_\_\_\_\_

\_\_\_\_\_

List types of cooking equipment: \_\_\_\_\_

\_\_\_\_\_

How will hot PHF's be maintained at 140°F (60°C) and above during holding for service? Indicate type and number of hot holding units: \_\_\_\_\_

\_\_\_\_\_

Please indicate how PHF's will be cooled to 45°F (5°C) within 6 hours (140°F to 70°F in 2 hours and 70°F to 45°F in 4 hours).

\_\_\_\_\_

\_\_\_\_\_

How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods. \_\_\_\_\_

\_\_\_\_\_

Is adequate and approved freezer and refrigeration available to store frozen foods at 0 F and below, and refrigerated foods at 45°F (5°C) and below? YES  NO

How will cold PHF's be maintained at 45°F (5°C) and below during holding for service? Indicate type and number of cold holding units.

\_\_\_\_\_

Are toilet facilities available? (Describe location available to operator) \_\_\_\_\_

\_\_\_\_\_