

TEMPORARY FOOD SERVICE APPLICATION

Orange Health Department
617 Orange Center Road - Orange, CT 06477
Office: (203)891-4733 - Fax: (203)891-2185

Fee: \$ _____
Receipt #: _____
Date: _____

Vendor Name: _____ Phone: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ FAX: _____

| | | |
|----------------------|---------------------------------|-----------------|
| FEE SCHEDULE: | APPLICATION FEE | \$ 10.00 |
| | NOT FOR PROFIT _____ (X) | \$ 10.00 |
| | FOR PROFIT _____ (X) | \$ 50.00 |

(Make checks payable to: "Town of Orange") **TOTAL: \$ _____**

Applications must be submitted 14 days or more prior to the event. Temporary food licenses may not exceed 14 consecutive days.

FOOD INFORMATION

Temporary event date(s): _____ Event name: _____

Event location: _____

Coordinator name: _____ Phone: _____ E-mail: _____

Check One: Caterer Food Booth Vending Cart Vending Truck

List proposed menu food items. _____

Will food item(s) be prepared on site at the event? Yes No

If Yes, what item(s)? _____

Will food item(s) be prepared at a restaurant and transported to the event? Yes No

If Yes, at what restaurant and what item(s)? _____

How will food item(s) be maintained and monitored to ensure proper holding temperatures during transportation? _____

Will you provide beverages? _____ If so, what type? _____

Which food item(s) need to be kept hot during the event? Describe which type of hot holding equipment will be used and how food temperatures will be monitored during the event?

Which food item(s) need to be kept cold during the event? Describe which type of cold holding equipment will be used and how food temperatures will be monitored during the event?

What type of hand washing facilities will you provide? _____

Describe how utensil washing will take place: _____

NOTE: All food product shall be from an approved source. FOOD PREPARED AT HOME IS EXPRESSLY PROHIBITED.

Statement of Agreement: I certify that I have reviewed and I am familiar with the Orange Health Department's Compliance Guide for Temporary Food Service and that the above described establishment will be operated and maintained in accordance with these guidelines and the Public Health Code of the State of Connecticut.

Applicant Signature _____ **Date** _____

******* PROVIDE SKETCH OF BOOTH/TRUCK ON NEXT PAGE *******

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This section to be completed by the Orange Health Department

Date application submitted: _____ Date reviewed: _____ Reviewer: _____

New event: Yes ____ No ____ New vendor: Yes ____ No ____

Application complete: YES ____ NO ____ Classification: _____

Comments: _____

Application approved: YES ____ NO ____ (If "NO" state reason) _____

License to be: mailed____, E-mailed _____, picked-up _____, hand delivered at event _____

Checklist provided by: E-mail _____, paper copy _____, FAX _____

Office consult requested: Yes ____ No _____

PROVIDE SKETCH OF BOOTH/TRUCK

Indicate location of all commercial equipment including handwashing facilities, dishwashing facilities, prep tables, etc..

Booth **MUST** have overhead coverage such as a fire-rated tent.

