



TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790

Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail info@tahd.org ♦ Web Address www.tahd.org

LICENSE FEE _____
PAID YES NO

(Returned Check Fee \$25)

"Promoting Health & Preventing Disease Since 1967"

TEMPORARY FOOD SERVICE APPLICATION

Name of **Person** completing application _____ Phone _____
Street Address _____ Town _____ State _____ ZIP _____

TEMPORARY FOOD SERVICE EVENT INFORMATION

Event _____ **Date** _____ **Time** _____

Location _____ Town _____

Sponsor/Charity (if applicable) _____ Phone _____

Name of **Food Service Booth** _____

If the information provided pertains to other events, please indicate on the back of this application the event names, locations, dates, and times.

Please complete the following information:

1. Provide a list of foods, beverages & condiments which will be served at the event noted above. The back of this application can be utilized or submit an additional document.
2. Prior to the event the above listed items will be prepared at the following location:

Name _____

Street Address _____

Town _____ **State** _____ **Zip Code** _____ **Phone** _____

3. Food items will be properly stored prior to the event at _____

Please provide the food safety procedures for the above event:

1. Temperature requirements for cold and hot food items will be maintained at site and during transportation in the following manner:

Cold food items @ 45 degrees F or below

Transporting: _____

At site: _____

Hot food items @ 140 degrees F or above

Transporting: _____

At site: _____

2. Hand washing for the above event will be provided in the following manner: _____

Submit application with the licensing fee (if applicable) AT LEAST 2 WEEKS PRIOR to the event. Failure to submit the application and licensing fee within the requested time frame will result in a \$100.00 fine or denial of a Temporary Food Service License. THERE WILL BE NO REFUNDS OR CREDITS ISSUED.

\$50 Per Unit / Per Event – for a one day event.

\$75 Per Unit / Per Event – license for a single event that operates at a fixed location for a temporary period of time. (2 or more consecutive days- not to exceed 14 days).

Religious groups, youth organizations and agencies funded in whole or in part by tax dollars from towns which are members of the Torrington Area Health District will be exempt from the registration fee. **Fee exempt operations are obligated to apply and receive a temporary food service license.**

I have thoroughly reviewed the attached material. I understand that I am liable for the quality and condition of the food served to the public. My staff and I will ensure the safety of all food and beverages stored, prepared and served at the above event.

Signature of person in charge

Date

**TAHD- TEMPORARY FOOD EVENTS REGISTRATION FORM
APPLICATIONS & FEES FOR MULTIPLE EVENTS FOR A CALENDAR YEAR**

MUST BE RECEIVED

BY APRIL 1ST TO QUALIFY FOR A 10% DISCOUNT

NAME: _____ PHONE: _____

NAME OF FOOD BOOTH: _____

EVENT	DATE	TIME	LOCATION	# OF BOOTHS	1 DAY EVENT	TOTAL
					X \$50.00	
					X \$50.00	
					X \$50.00	
EVENT	<u>DATES</u>	TIME	LOCATION	# OF BOOTHS	<u>2-14 DAY EVENT</u>	TOTAL
					X \$75.00	
					X \$75.00	
					X \$75.00	
					X \$75.00	
					X \$75.00	
					X \$75.00	
					X \$75.00	
					SUBTOTAL:	
				10% Discount if applicable	SEE ABOVE	
					AMOUNT DUE:	

List of foods to be prepared: