



# TOWN OF NEW MILFORD

## Department of Health

10 Main Street  
New Milford, CT 06776

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### Temporary Food Service License Application

#### 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.
  - An event menu must be submitted, a product list should be included using the attached menu form.
  - A food event sketch must be submitted, you may use the form provided or your own.
  - Vendor Permit Form attached must be signed by the Fire Marshal and Mayor's office before issuing a temporary food license.
2. Class 2 through Class 4 Food Service Operations must attach a copy of the Certified Food Protection Manager Certificate.
3. A temporary food service fee must be submitted with the completed application. Please see attached fee schedule. All payments must be made by check or money order payable to the Town of New Milford. Cash payments are accepted in person at the New Milford Department of Health. **Must provide proof of non-profit status.**
4. A separate application is required for each food truck, cart or both operated at the event.
5. Return completed application and documents to the New Milford Department of Health no later than two weeks **BEFORE** the event. Applications **WILL NOT** be accepted if submitted later than two weeks before the event.



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### SCHEDULE OF FEES

LICENSE TYPE	FEE
Temporary Events (1-2 Days)	\$50.00 per event
Seasonal Food License	\$125.00 for the season
Farmers Market	\$125.00 for the season
Elephants Trunk	\$125.00 itinerant vendor for the season
	\$125.00 for Class 1 or 2 Stationary for the season
	\$250.00 for Class 3 or 4 Stationary for the season
Non-Profit	No Fee



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### Application for Temporary Food License

Please check type of License:

- Temporary Event (1-2 day)
- Farmers Market
- Elephants Trunk:
- Seasonal Food License
- Non-Profit (Proof of Non-profit Status)
- Itinerant Vendor for Season
- Stationary Class 1 or 2
- Stationary Class 3 or 4

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Applicant Name:: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Name of Event/Organization/Business: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Location of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Hours of Food Service Operation: \_\_\_\_\_

Event Organizer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**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 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 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 bays sinks; customer service table/counter, beverage station, dessert station, etc.

3. Will all food 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.

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5. Describe how temperatures of cold foods will be maintained while transporting to the event, and throughout the event (include equipment, etc).\_\_\_\_\_

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6. Describe how temperatures of cold foods will be maintained while transporting to the event, and throughout the event (include equipment, etc).\_\_\_\_\_

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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).\_\_\_\_\_

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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 the 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 19-13B40, 19-13-B42, and any other regulations that may apply, and Town Ordinances, may result in revocation of the New Milford Department of Health food service license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**OFFICIAL USE ONLY**

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Fee Paid: Amount: \_\_\_\_\_ Check# \_\_\_\_\_ Date: \_\_\_\_\_

Application reviewed by: \_\_\_\_\_ Approved: Yes No  
Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

## BASE OF OPERATION DECLARATION FORM

Please use this form to provide the Department of Health with required information on your base of operation. Use this form only if food is prepared off site.

Most itinerant food vending operations and some temporary food operations require a separate base of operation to prepare and store food items, wash and store equipment and to provide an approved location for discharging wastewater, discarding trash or supplying an approved source of water in advance of or following the food service activity or event. A home kitchen cannot serve as a base of operation for a licensed food establishment, so a separate commercial grade kitchen is needed that can be operated in compliance with the requirements of the food service establishment regulations in Connecticut Public Health Code Section 19-13-B42. This can be accomplished by using an existing commercial kitchen that can accommodate your additional business needs, or by creating a new licensed commercial kitchen to support your food service operation.

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Business: \_\_\_\_\_ Email: \_\_\_\_\_

### Operating as a (check one):

- Temporary Food Event (1-2 day event)
- Seasonal Food Vendor
- Farmers Market Vendor
- Elephant's Trunk Vendor

### Uses the kitchen as a base of operation located at:

Business Name: \_\_\_\_\_

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

Town: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Owner/Manager: \_\_\_\_\_

### The facility will be used for the following activities (check all that apply):

- Cold Food Preparation  Dry Food/Supply Storage  Cooking or Reheating
- Ware Washing  Cold Food Storage  Waste/wastewater Disposal
- Water Supply\*\*\*  Other: \_\_\_\_\_

(\*\*\*The water supply must be from an approved public water supply or other approved source. Recent water test report required if using a private well water supply).

### PLEASE NOTE:

- The Base of Operation facility must be licensed or inspected by a local health department/district or the Connecticut Department of Consumer Protection in order to support your food service operation.
- If this facility is licensed/inspected as a food service establishment by the local health department/district, please attach a copy of their current license and most recent inspection report.
- If this facility is licensed/inspected as a food service establishment or processing facility by the Connecticut Department of Consumer Protection, please attach a copy of their current license or most recent inspection report.
- If your base of operation changes, you must update this information with the New Milford Department of Health immediately.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Vendor Permit Form

**PLEASE NOTE:** You must have a permit from the Fire Marshal's Office. Please contact the Fire Marshal's office at 860-355-6099. You must also have a vendor's permit with the Mayor's Office. Please contact the Mayor's office at 860-355-6010.

A signature is required by the Fire Marshal and Mayor's office before issuing a temporary food service license. **If the Vendor Permit Form is not signed by the Fire Marshal and Mayor's office a temporary food service license will not be issued.**

<b>Fire Marshal's Office</b>	<i>Signature:</i>	<i>Date:</i>
<b>Mayor's Office</b>	<i>Signature:</i>	<i>Date:</i>

*Please return the signed form along with the temporary food service application to the New Milford Department of Health*

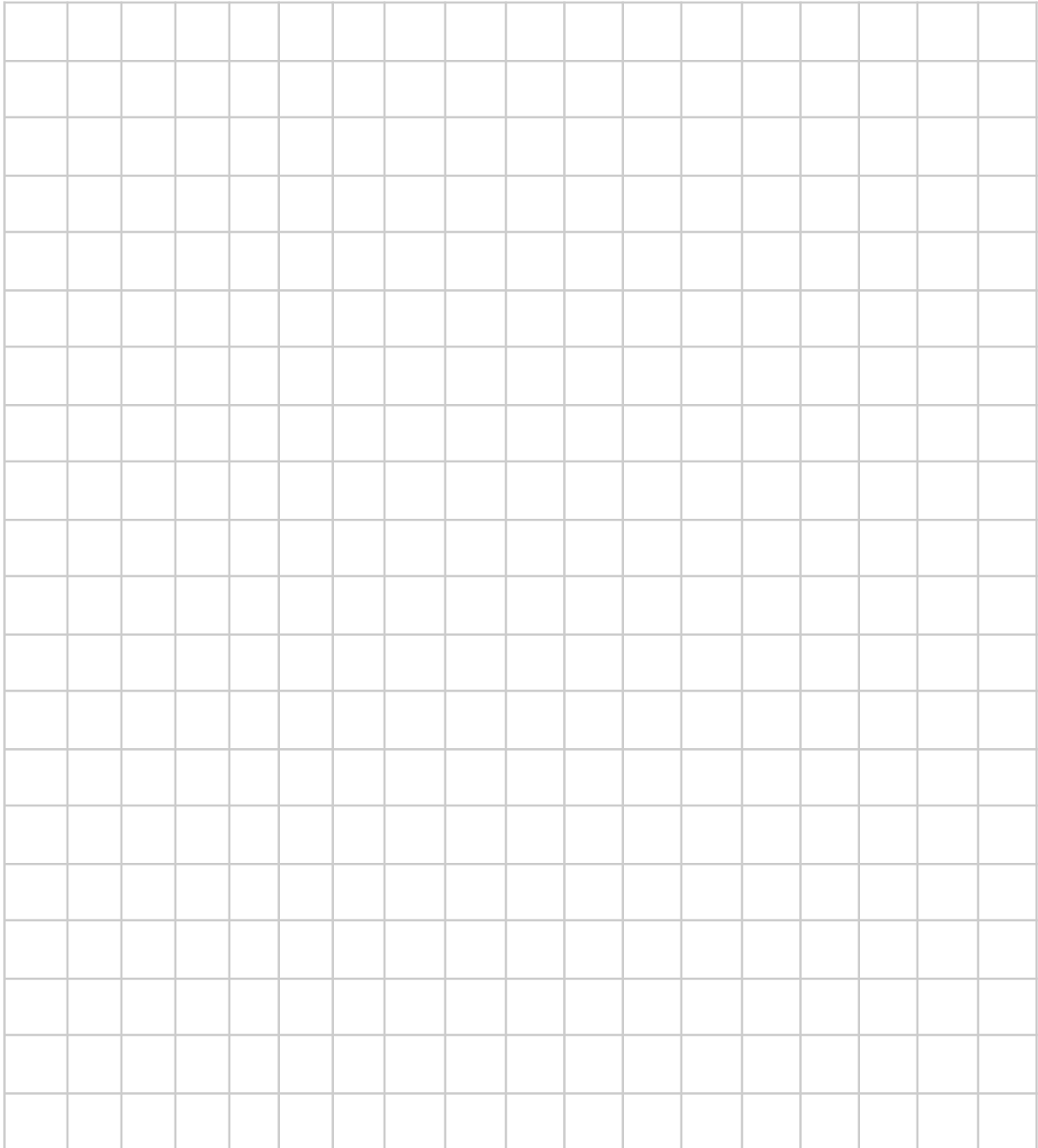
# MENU SHEET

<b>Menu Item</b> Include beverages, desserts, snacks items, etc.	<b>Source</b> (Check Appropriate Box)	<b>Where Made?</b> <b>Where Purchased</b>
Example: Tossed Salad	<input checked="" type="checkbox"/> Made by organization <input type="checkbox"/> Commercially made	Pre-cut lettuce from Big Y Salad made at event
Example: Meatballs & Sauce	<input checked="" type="checkbox"/> Made by organization <input type="checkbox"/> Commercially made	Sauce made at event Meatballs from Costco
Example: Baked Ziti	<input type="checkbox"/> Made by organization <input checked="" type="checkbox"/> Commercially made	Oliver's Market, Danbury
	<input type="checkbox"/> Made by organization <input type="checkbox"/> Commercially made	
	<input type="checkbox"/> Made by organization <input type="checkbox"/> Commercially made	
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# FOOD EVENT SKETCH

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



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