

West Haven Health Department 355 Main Street, 2nd Floor West Haven, CT 06516 203-937-3660 Fax: 203-937-3976 www.cityofwesthaven.com

TEMPORARY FOOD EVENT APPLICATION

*To avoid additional fees, the application must be submitted no later than 10 business days before the event. Additionally, no application will be accepted later than 3 days before the event.

Fee Cost

Explanation of Fees

Permit for West Haven	\$25.00	
Licensed Establishment Only		
Permit for 1 -14	\$150.00	
consecutive days		
Permit application submitted	\$200.00	
less than 10 business days in		
advance of event		
Permit for a non-profit organization with documentation	\$15.00	
West Haven Public Schools	EXEMPT	
Cottage License		
Sampling	\$100	
No Sampling	No Fee	
Today's Date: Name of Person Filling out Application:		
Name of Event:		
Location of Event:		
Date and Time of Event:		
Name of Organizer:		
Phone: Email		

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Name of Base Kitchen:
Address of Base Kitchen:
Name of Vendor:
Address of Vendor:
Vendor Phone: Vendor Email:
CERTIFIED FOOD PROTECTION MANAGER CERTIFICATE FOR ALL CLASS 2, 3, AND 4
Name of Certified Food Protection Manager (CFPM):
CFPM Exp. Date:
CFPM Cell Phone #:
Do you have a cottage food license? Yes No
NOTE: NO HOME-COOKED FOODS OR FOODS PREPARED IN AN UNLICENSED FACILITY ARE PERMITTED.
Provide a list of menu items of food and drink offered at the event below and attach the proposed menu for the event with the application.
Does your menu require a consumer advisory? Will your truck be serving undercooked or raw food items such as: (beef, eggs, sashimi/sushi)? Yes No
If yes, you will need a written consumer advisory (disclosure and reminder statement) displayed for customers on the menu stating, "thoroughly cooking meats, poultry, seafood, shellfish, or eggs reduces the risk of foodborne illness".
FOOD ALLERGEN
1. Have you educated your employees on food allergen awareness? Yes No
2. Is there an allergen sign on your unit or booth for your customers to view? \(\subseteq \text{Yes} \subseteq \text{No} \)
3. Will there be prepackaged food items? Yes No

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If yes, please provide or attach an example of the allergen statement

seeds.' 4. W If yes,	ample, using the word "Contains": wheat flour, milk, eggs, soy, dairy, nuts, and ill there be a Grab and Go items? Yes No No the items must have the name of the product, ingredients, allergen states and or packaged, and any additives.	
List p	reparation for each food item at the event. Use Additional pages if neation.	eded for the
1.	Food	
	Preparation needed for this food item:	
	Indicate the final internal temperatureoF	
2.	Food	
	Preparation needed for this food item:	
	Indicate the final internal temperature°F	
3.	Food	
	Preparation needed for this food item:	
	Indicate the final internal temperature°F	
4.	Food	
	Preparation needed for this food item:	
	Indicate the final internal temperature°F	
5.	Food	
	Preparation needed for this food item:	

	Indicate the final internal temperature°F			
6.	Food			
	Preparation needed for this food item:			
	Indicate the final internal temperatureoF			
1.	Where and when will the food/drink be purchased?			
2.	Where will food/drink be stored before the event?			
3.	. Will food be prepared/cooked before the event? Yes No If (Y) Explain where it will be prepared and explain in detail all cooling and reheating of the food items:			
4.	How will food be transported to the event:			
5.	How will food be kept hot at 135 F or above?			
6.	How will food be kept cold at 41 F or below?			
7.	Do you have a thin probe digital thermometer available to take food temperatures? Yes No			
8.	How will you sanitize the thermometer?			

9.	Describe in detail the hand washing facility at the food booth.				
	(Hand sanitizer cannot be used in place of handwashing)				
10.	Does the temporary handwashing station have a free-flowing spigot? ☐ Yes ☐ No				
11.	Explain how food workers will limit bare-hand contact with food:				
12.	Describe your sanitizing setup at the food booth/event.				
13.	What type of sanitizer will be used?				
14.	Do you have test strips for your sanitizer?				
15.	What concentration will the test strips read?				
16.	How will food contact surfaces at your booth be cleaned and sanitized?				
17.	If the food booth is outside, what will be used for overhead food protection?				
	(If cooking underneath tents, they must be approved for use by the Fire Department)				
18.	Are all food booth employees/volunteers wearing effective hair restraints? Yes No				
19.	Will all food be stored in food-grade containers? Yes No (Do not use non-food grade buckets or trash cans)				
20.	Will all food/drink be covered and stored at least 6 inches off the ground? ☐ Yes ☐ No				
21.	Do all food, drink, and ice come from an approved source? Yes No				
22.	How will fruits and vegetables be washed?				
23.	Explain how food will be protected from customer handling, coughing, sneezing, or other contamination.				
24.	Will there be adequate lighting at your food booth? Yes No				
25.	Will the lighting be shielded? ☐ Yes ☐ No				

FOOD AREA/BOOTH/TRUCK LAYOUT

Please sketch the proposed food area, booth, or truck or attach your existing floor plan in the

agram below. Please indicate the placement of all equipment, including work surfaces, serving ea, refrigeration, freezers, hot holding equipment, cold holding equipment, cooking equipment,						
	n, 3-compartment temporary event.	set, dry stora	ige area, and/o	r any other equ	aipment that y	<i>y</i> ou

The time you will be ready for the inspection:				
Provide cell phone number:				
Applicant Name (Print):				
Applicant Signature:				
The undersigned agrees to comply with all the regulation West Haven Health Department. The West Haven Health there are any changes in the menu, layout, food preparate equipment, or any of the above-listed information.	th Department must be notified if			
Required documents to be submitted with the application:	Requirement for Cottage Food License Only:			
Copy of the event Menu	Copy of the event Menu			
Copy of most recent inspection report for base kitchen	Copy Department of Consumer Protection Cottage Food License			
Copy of CFPM certificate for Class 2, 3, and 4 vendors	Copy of the label of the proposed menu items			
Copy of base kitchen permit not applicable to West Haven-permitted food service establishments.)	Copy of Food Handler Permit			
It is required that applicants contact: **Building Department: (203) 937- 3590 Fire Department	nent: (203) 937- 3710			
Building Official Signature: Date: (**needed only if operating or extending into a tent)				
Fire Official Signature:	Date:			
This is not a permit. The permit will be issued upon in	<mark>ispection.</mark>			
For Office Use Only	Fee Required: Yes/No			
Application Received on:Amount Paid:	Date Paid:			
Sanitarian Signature:				
Date Approved:				

PLEASE RETAIN PAGES 8 – 11 IN PREPARATION OF YOUR EVENT

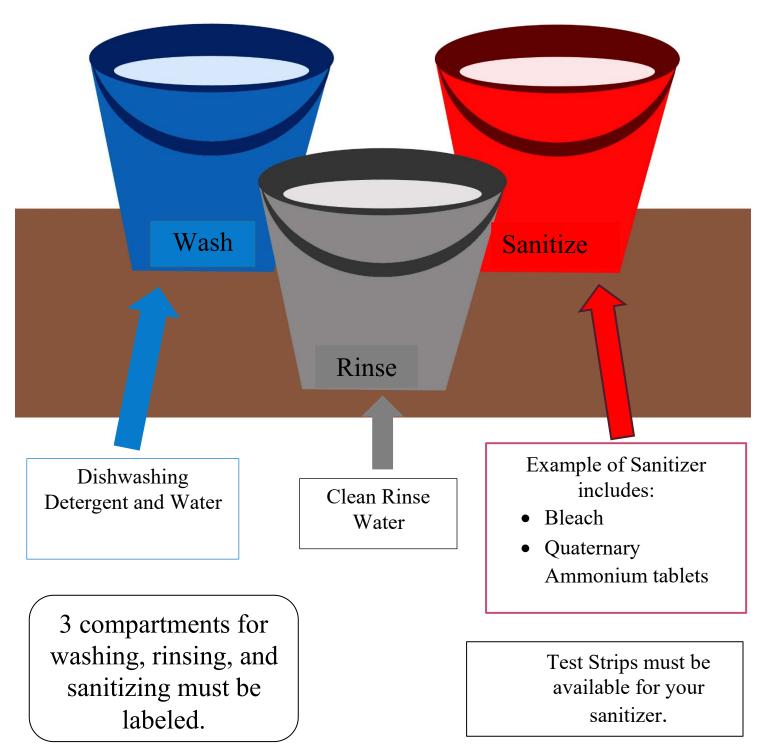
Temporary Hand Washing Facilities



General Handwashing Requirement

- 1. An accessible and functional hand washing facility with warm water shall be provided within the perimeter of any business involved in the sale of food. If only pre-packaged food products are sold, hand washing facilities are not required but they must provide hand wet wipes.
- 2. Handwashing facilities shall not be used for the cleaning of equipment, storage of wiping cloths, or the disposal of liquid waste.
- 3. All food products, cooking equipment, and serving utensils shall be protected from any splash or spillage involved in the washing of hands.
- 4. Disposable paper towels shall be provided with each handwashing facility and will be properly disposed of after being used.
- 5. Any of the following set-ups can be used as a handwashing facility:
 - Portable commercial hand sinks that produce water flow within 10 seconds of activating a hand pump or opening a dispensing valve. Soap from a sanitary dispenser shall be provided.
 - A minimum of 2-5 gallons of potable water will be maintained in a container capable of dispensing water through a valve. This valve shall enable a constant flow of water when opened (Free Flowing Spigot). The wastewater shall be collected and disposed of in a sanitary sewer. Soap from a sanitary dispenser shall be provided.
- 6. An accessible and functioning commercial hand sink will accompany any toilet utilized by food handlers. Soap from a sanitary dispenser and disposable single-use towels shall be provided. The sink shall be used for hand washing only. Handwashing facilities shall be checked regularly for adequate soap, towels, and water.

Temporary 3 compartments set up for washing, rinsing, and sanitizing



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Checklist for Temporary Food Service Event:

- A logbook showing the name, phone number, date and time worked must be signed by all food handlers for each day of the event.
- Food must be transported at 135F or higher for hot foods and 41F or lower for cold foods.
- Consumer advisory must be provided for food items that can be cooked to order.
- Provide an allergen warning sign.
- Provide thermometers for all coolers.
- All food must be properly labeled.
- Handwashing sinks labeled.
- Sanitizer test strips must be available for the appropriate sanitizer.
- Ill workers are not allowed to work at the event.
- No smoking or eating is allowed in the food booth.
- Provide a digital food thermometer and alcohol wipes.
- All employees must wear effective hair restraints such as hats or hairnets.
- All employees must wear clean outer garments.
- Applicants must abide by all answers given on the application and comply with all the requirements of the FDA Food Code, Local Ordinance and State Regulations.

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