



PLAINVILLE-SOUTHINGTON REGIONAL HEALTH DISTRICT

Serving the communities of Middlefield, Plainville and Southington

*Main Office
196 North Main St.
Southington, CT 06489*

*Satellite Office
One Central Square
Plainville, CT 06062*

*Satellite Office
405 Main St, Ste. 1
Middlefield, CT 06455*

Susan B. Lonczak, M.P.H., R.S., Director of Health



APPLICATION FOR TEMPORARY EVENT FOOD BOOTH

All vendors serving food and beverages to the public on a temporary basis are required to have a food service permit. Temporary permits are valid for a maximum of 14 days. Please submitted application and payment **2 weeks prior** to the event. There will be no refunds or credits issued.

Applications received within 2 weeks of the event will be assessed a late fee, effective after July 1, 2022

Applications will not be reviewed without payment.

- 1 day -- \$50
 2 days -- \$75
 3-14 days -- \$100
 Non-Profit -- \$0
 Existing PSHD Food Service License Tax ID# _____

Event _____

Date(s) of Event _____ Time _____ Rain Date _____

Location of Event _____

Name of Food Booth _____

Contact Person _____ Cell Phone _____

Email address _____

Event Organizer _____ Cell Phone _____

***** If licensed by another city/town, please attach copy of last food inspection report and current license.***

Please answer completely. A detailed application assists PSHD with the review process.

1. List all foods and beverages that will be served at the event. (including condiments)

2. When and where will food be purchased? _____

3. What time will the food be delivered and how will it be transported? _____



4. Indicate how foods will be prepared (check all that apply)

- Prepared at licensed facility (list facility) _____
- Prepared at the event _____

5. List where food will be stored prior to the event _____

6. How will food be kept cold? (below 41F.)

- During transportation _____
- At the event site _____

7. How will food be kept hot? (above 135F.)

- During transportation _____
- At the event site _____

8. How will handwashing stations be provided? _____

9. Location of food service worker toilet facility _____

10. Describe how utensils, cutting boards, etc. will be sanitized _____

11. Type of sanitizer _____ Test Strips Yes No

12. What will be done with leftovers? _____

13. Will there be a probe thermometer to take internal temperatures of food products? Yes No

14. Water supply (used for cooking and hand washing) Public Water Private Well

15. How will food items be protected from public exposure (sneezing, coughing, touching, etc.) and outdoor elements _____



DRAW A LAYOUT OF YOUR FOOD BOOTH

Label all grills, stoves, refrigerators, coolers, steam tables, tables, hand wash stations, garbage cans, food storage area, cleaning product storage, toilets etc.

-----PSHD USE ONLY-----

Reviewed by: _____ Date: _____ Approved Not Approved

Comments: _____

Date form received/fee paid _____ \$ _____ Cash Check# _____