



Application for Temporary Food Service Permit

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All vendors serving food and beverages to the public on a temporary basis are required to have a food service permit.

You must complete the *Temporary Food Service Permit Application* and return to the BBHD office with applicable fees for processing.

The BBHD Sanitarians work between 8:00am and 4:00pm Monday through Friday. You are expected to be inspected during these working hours. We will not be available to conduct on site inspections. Once approval is received, please contact a Sanitarian immediately to schedule an inspection prior to the event.

Fee Schedule:

1 day event: \$75.00

2 day event: \$100.00

3-14 day event: \$50.00 per day up to 14 days

**Please note that Application(s) and applicable fees must be submitted
14 days prior to the event.**

Name of Person completing form: _____ Phone: _____

Address: _____ Town: _____ Zip: _____

Email: _____

Name of Business: _____ Phone: _____

Business email: _____

Name of person in charge of event: _____ Phone: _____

Email of person in charge of event: _____

Name of Temporary Event: _____ Date (s) of Event: _____

Location of Temporary Event: _____ (facility name or address)

Time of set up: _____ Hours of operation: _____ (start & end times)

Is the Vendor or Organization Non-profit ? (Check one) ☐ **NO (or) ☐ **YES** (no fee)**

• If your Organization is Non-Profit, please include a copy of your Tax Verification Form

BBHD current Food License (Itinerant Vendor or Restaurant, if applicable) # _____

*****PLEASE ALSO COMPLETE PAGES 2 and 3 OF THIS APPLICATION*****

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(Please use additional paper if needed for any of the following question).

- **LIST ALL FOODS to be SOLD(Including Condiments, beverages)** *(Attach Menu if more **convenient**)*

- **Will each of these FOODS be prepared on site or prior to the event?
If prior to event where will each item be prepared?**

Foods prepared prior to event must be pre-approved by BBHD

- **CHECK type of COOKING FACILITIES:** ☐ Grill ☐ Stove ☐ Fryolator ☐ Wok
☐ Oven ☐ Other (*specify*): _____

- **CHECK type of REFRIGERATION** (*Must contain thermometers*): ☐ Refrigerator ☐ Ice
☐ Refrigerated Truck ☐ Other (*specify*): _____

- **CHECK means of HOT HOLDING FOOD:** ☐ **Sterno** ☐ **Electric**
☐ **Other** (*specify*): _____

- **Sources of MEAT, FISH, SEAFOOD and BAKERY Products:** _____

- **DESCRIBE** means for **HANDWASHING** in **FOOD BOOTH**: _____
- **List Available toilet facilities :** _____

I have reviewed the BBHD Food Service Requirements FOR TEMPORARY EVENTS PROVIDED WITH THIS APPLICATION and 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.

DATE _____

SIGNATURE _____

TO BE COMPLETED BY BRISTOL-BURLINGTON HEALTH DISTRICT

APPLICATION APPROVED: _____

DATE

SIGNATURE

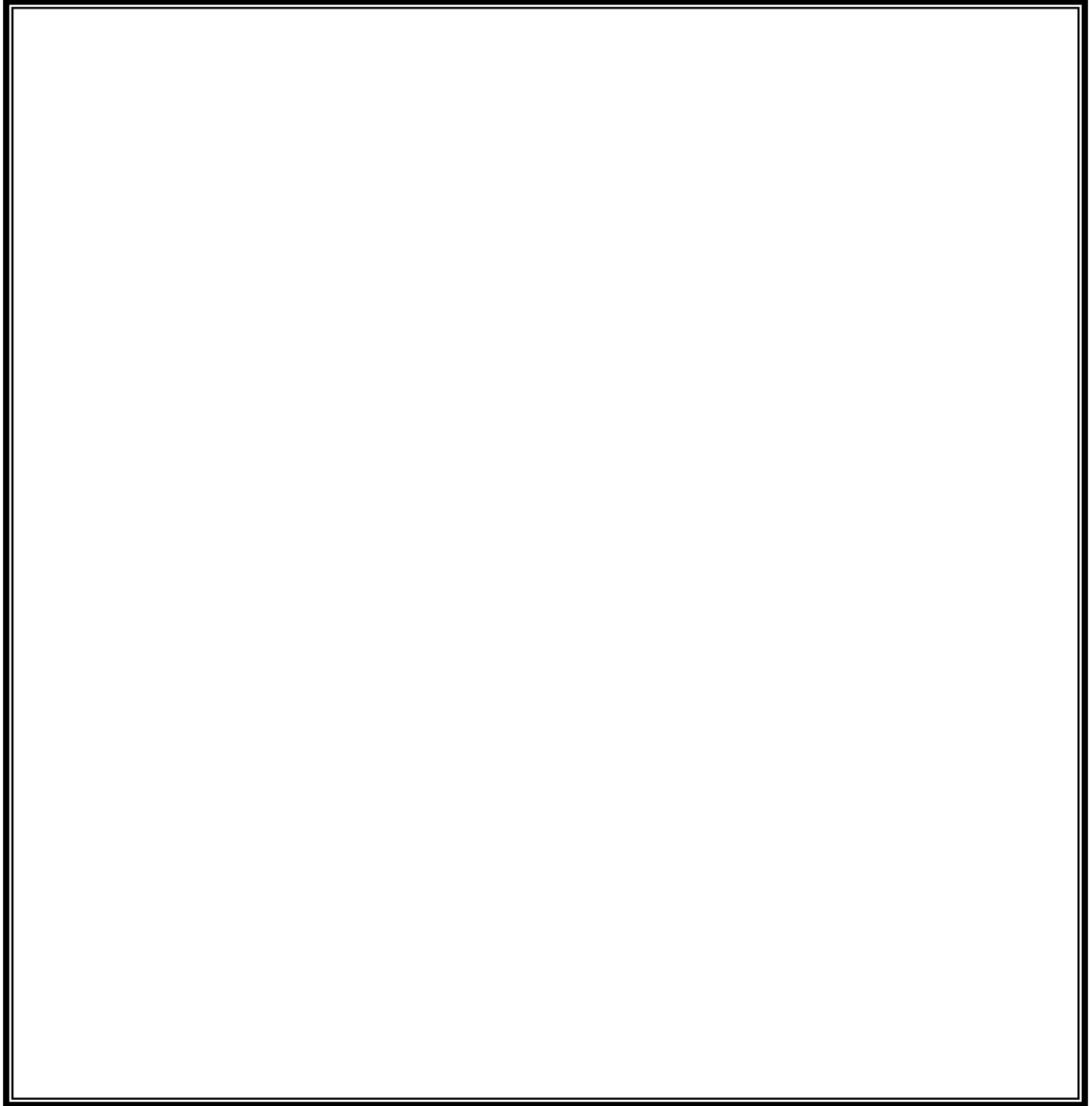
DATE PERMIT ISSUED: _____

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SUBMIT PLAN WITH APPLICATION FOR A LICENSE TO CONDUCT A TEMPORARY FOOD
SERVICE OPERATION IN THE BRISTOL-BURLINGTON HEALTH DISTRICT

Draw a diagram or a plan of the set-up of **your temporary food service booth.**

Included (but not limited to) the cook tent(flame/combustion resistant /fire retardant certified tent if grilling), acceptable flooring, handwashing station(s), food preparation, cooking and dispensing areas, food preparation and cooking equipment, hot holding equipment and cold holding facilities(coolers with ice and or refrigeration) tables storage



***Bring with you (to be filled out at time of Event)**

NAME OF ORGANIZATION / CLUB: _____

NAME OF PERSON IN CHARGE: _____

PHONE NUMBER(S): _____

NAME OF EVENT: _____

DATE OF EVENT: _____

NAME (Please Print clearly)	DATE	HOURS WORKED	INITIALS