

Application Requirements for a Temporary Food Event

Dear Operator/Owner:

With regards to the Temporary Food Event License Application for the Town of Brookfield, the Health Department requires the following:

- Read the *Temporary Food Event Guidelines* document and keep for reference.
- The application must be completed in its entirety and submitted to the Health Department at least 10 days prior to an event involving 5 or fewer vendors (*unless another time frame agreement has been established with the Health Department*) and 14 days prior to an event involving more than 5 vendors.
- **A fifty-dollar (\$50.00) fee must be submitted with the application.** If a fee is to be waived i.e. for a non-profit event, please **obtain a fee waiver letter from the First Selectman's office.**
- If the source of potable water supply is a private well you **must** submit water test results within the last 6 months.
- Out-of-town vendors/caterers will be required to submit a valid food service license issued by their local health department and a copy of a recent food service inspection.
- In addition, should you be using the facilities of another licensed food service establishment to prepare food, a **letter of authorization from the owner** must be submitted stating you have authorization to do so.
- An opening inspection the day of the event with equipment in place and operational may be performed to determine if the event complies with local and state regulations concerning food service.
- Events with more than one food booth/vendor: a *Temporary Event Food License Application* must be completed by **each** food booth operator.

Keep in mind that it is the responsibility of the food event/booth operator to notify the Brookfield Health Department in writing of any changes that are made to your operation (menu, floor plan, etc.) 10 days prior to the event. If at all possible please do not mail your license application to the Health Department. *Our hours of operation are: Monday, Tuesday, Wednesday and Friday 8:00am- 4:00 p.m., and Thursday 8:00 a.m. – 6:00 p.m.*

Thank you in advance for your cooperation with our Temporary Event License procedure. Please do not hesitate to call with any questions (203) 775-7315.

Very truly yours,

The Brookfield Health Department

Non-profit: <input type="checkbox"/> Waiver Letter For-profit: <input type="checkbox"/> Paid: _____ License # _____
--



Temporary Food Event License Application

Town of Brookfield, Health Department

P.O. Box 5106 Brookfield, CT 06804

Telephone: (203) 775-7315 Fax: (203) 740-7677

Name and Location of Event: _____

Date(s)/Time(s) of Event: _____

Name of Food Event/Booth Supervisor(s): _____

Address: _____

Contact Information: _____

Name of Event Coordinator: _____

Phone #: _____ **Email:** _____

- If a tent is being erected you must obtain a Tent Application from the Building Department.
- If you will be posting any signs you must obtain a Sign Permit for Temporary Events from the Zoning Department.

.....

- **List all items on the menu using the table provided on page 5.**

Type of potable water supply:

At event: On- site well Public Water Bottled water *only*

Facility where food prepared: On- site well Public Water Bottled water *only*

*If an on-site well, you **must** submit the results of the most recent water test.

1. Where will frozen, cold and hot food be stored prior to the event?

Name of Establishment: _____

Address: _____

***Include a copy of the current food service license for establishments not licensed by the Brookfield Health Department.**

2. When will food be delivered? _____

How will food be delivered and how will food temperatures be maintained in transport?

3. Describe how food items will be stored at event.

4. How will cold potentially hazardous foods be kept cold at event? (Below 45°F)
 (examples: burger patties in cooler in well drained ice, dairy products in on-site refrigerator)

5. Will any foods be prepared prior to the event? **Y** **N** If yes, how will foods be cooled?

****Please note preparing food in advance may not be allowed.***

6. How and where will hot food items be cooked at event? How will food items be reheated at event if necessary and to what temperature?

7. Describe equipment used to keep hot potentially hazardous foods hot at event (**above 140° F**). (Example: soup kept hot in pot on stove) _____

8. Will a probe thermometer be available to take internal temperatures of food? **Y** **N**

9. How will food temperatures be monitored during event?

10. How will food be protected from the public? (example: muffins will be individually wrapped in saran wrap, condiments in single-service packages).

11. Describe number, location and set-up of handwashing facilities to be used by food workers:

12. How will utensils, cutting boards, thermometers and other food contact surfaces be sanitized and stored at your food event?

Do you have test strips to verify sanitizer concentration? **Y** **N**

13. Toilet facilities and location: **check one** Rest Rooms Portable Toilets*

** Portable Toilets- 1 portable toilet for every 200 females and 1 portable toilet for every 300 males is recommended. Whenever possible, portable toilets for food service workers shall be separate from toilets for general use and have handwashing sinks included.*

Additional approval may be required from the Fire Marshal based on your responses to the following questions.

Approximate number of people expected at event (including volunteers): _____

14. Will you be using any outdoor propane grills at event? **Y** **N**

15. Will you be frying any food items at the event? **Y** **N**

Sketch Sheet: In the space provided please draw the layout of the Temporary Food Event depicting the location of your food booth or kitchen area & customer service. Identify handwashing facilities, restrooms, dishwashing facilities, garbage disposal, food prep tables, food storage, cooking equipment, hot and cold holding equipment, tables, chairs etc. If applicable, also note location of outdoor grills and tents.



.....

I certify that I have received and reviewed the **Temporary Food Service Event Guidelines** of the Brookfield Health Department. I certify that the above described food event/booth will be operated and maintained in accordance with said Guidelines and the **State of Connecticut Public Health Code 19-13-B42** as applicable to my operation. I fully understand that any deviation from the above without permission from the Brookfield Health Department may nullify final approval.

Signature of Event Operator/Supervisor

Date

.....
This Section for Office Use Only:

Remarks:

Approved by: _____ Date: _____

