



TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790

Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail info@tahd.org ♦ Web Address www.tahd.org

"Promoting Health & Preventing Disease Since 1967"

LICENSE FEE _____

PAID YES NO

(Returned Check Fee \$25)

APPLICATION FOR FOOD & BEVERAGE LICENSE FOR ITINERANT VENDORS

License Renewal Operational Change Change of Ownership New Business

PLEASE PRINT:

NAME OF BUSINESS _____ TOWN _____

STREET ADDRESS OF OPERATION _____ ZIP CODE _____

LICENSE NUMBER OF THE VEHICLE / CART: _____ ESTABLISHMENT PHONE # _____

Please Indicate Business Mailing Address If Different From Above:

MAIL TO _____ STREET ADDRESS _____

TOWN _____ STATE _____ ZIP CODE _____ PHONE _____ FAX _____

NAME OF MANAGER / OWNER _____ PHONE _____

STREET ADDRESS _____ TOWN _____

STATE _____ ZIP CODE _____

TYPE OF OPERATION

TOWED / PUSHED HOT DOG CART

SELF-CONTAINED MOBILE

KITCHEN OR SERVING UNIT

(without hot/cold water and waste holding tank)

FULL SERVICE KITCHEN

(with hot/cold water and waste holding tank)

OTHER (please describe)

CHECK APPROPRIATE INFORMATION FOR THE THREE CATEGORIES BELOW:

1. WATER SUPPLY USED FOR FOOD PREPARATION:

PUBLIC WATER WELL WATER

2. WASTE DISPOSAL:

SEPTIC SYSTEM PUBLIC SEWERS

Note: The CT State Department of Public Health – Water Supplies Section regulates well water supplies for food service operations. Compliance with requirements is required prior to issuance of a Food Service License.

PLEASE CHECK APPROPRIATE MENU CLASSIFICATION:

CLASS 1 – Commercially prepackaged foods and/or hot or cold beverages only.

CLASS 2 – Cold ready to eat commercially processed food and/or hot/cold beverages.

CLASS 3 – Preparation of hot foods which are consumed within 4 hours.

CLASS 4 – Preparation of hot foods which are held for more than 4 hours.

If you need assistance in determining the appropriate classification please call T.A.H.D. @ (860)489-0436.

All Class 3 & Class 4 establishments must have a Certified Qualified Food Operator (QFO) in a full time supervisory position. The certification must be accredited from a state approved testing agency for Connecticut. The T.A.H.D. must have a copy of the certificate for the establishment file.

NAME OF QUALIFIED FOOD OPERATOR _____ PHONE # _____
(If applicable)

Please complete the following:

WASHING, RINSING & SANITIZING

Please describe how and where your utensils / pots / pans are washed, rinsed and sanitized: _____

HAND WASHING

Hand washing procedure is as follows: _____

FOOD PREPARATION (check the appropriate box):

Food is prepared by the license holder in a commercial kitchen. Please provide the name and address of the licensed kitchen:

NAME _____ ADDRESS _____

All food is prepared and cooked in my vehicle / cart.

All food is purchased precooked and ready to serve from a licensed / commercial supplier. Please provide the name and address of the supplier:

NAME _____ ADDRESS _____

All food is prepared and cooked in my home.

Other: _____

VEHICLE / CART LOCATION (S)

Permanent location (if applicable)

ADDRESS _____ TOWN _____

Please provide the address of the nearest restroom facilities: _____

Mobile Kitchen (provide name, addresses and approximate time of stop for at least two routine locations)

NAME _____ TIME _____

ADDRESS _____ TOWN _____

Please provide the address of the nearest restroom facilities: _____

NAME _____ TIME _____

ADDRESS _____ TOWN _____

Please provide the address of the nearest restroom facilities: _____

Note: The location and / or route of your vehicle / cart is required for our records. A TAHD sanitarian may conduct an inspection at any time without prior notification.

_____ APPLICANT'S SIGNATURE	_____ DATE
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Note: An application is required for each vehicle you wish to license.
Any incomplete information will delay the licensing procedure for new and existing operations.
The Torrington Area Health District is an equal opportunity provider.