

**PRE-OPERATIONAL  
GUIDELINES & APPLICATION  
FOR ITINERANT VENDORS**

**TORRINGTON AREA**

**Borough of Bantam \* Bethlehem \* Canaan**

**Cornwall \* Goshen \* Harwinton**

**Kent \* Borough of Litchfield \* Litchfield \* Middlebury**

**Morris \* Norfolk \* North Canaan \* Plymouth**

**Salisbury \* Thomaston \* Torrington**

**Warren \* Watertown \* Winsted**

**HEALTH DISTRICT**

**350 MAIN STREET — SUITE A  
TORRINGTON, CONNECTICUT 06790  
(860) 489-0436  
[WWW.TAHD.ORG](http://WWW.TAHD.ORG)**

Rev. 3/23/20

## **Application Requirements for an Itinerant Vendor's License**

- APPLICATION FILLED OUT **COMPLETELY**
- ITINERANT VENDOR'S LICENSE FEE
- QUALIFIED FOOD MANAGER CERTIFICATE
- SIGNED STATEMENT FOR DESIGNATED ALTERNATE PERSON
- FLOOR PLAN SHOWING EQUIPMENT OF THE VEHICLE/TRAILER
- SPECIFICATIONS FOR THE EQUIPMENT (SEE SPEC. SHEET)
- COPY OF WELL WATER TEST (IF APPLICABLE)
- MENU AND IF APPLICABLE, A PROPER CONSUMER ADVISORY NOTICE
- TRAINING RECORDS ADDRESSING FOOD SAFETY FOR ALL FOOD HANDLERS

ALL THE ABOVE MUST BE SUBMITTED TO TAHD TO SET - UP AN ONSITE INSPECTION. A LICENSE WILL NOT BE ISSUED UNTIL ALL ITEMS HAVE BEEN COMPLETED AND THE VEHICLE/TRAILER MEETS THE CONNECTICUT PUBLIC HEALTH CODE AND THE TORRINGTON HEALTH DISTRICT'S REQUIREMENTS.



# 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](mailto:info@tahd.org) ♦ Web Address [www.tahd.org](http://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: \_\_\_\_\_ CELL 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 Food Protection Manager 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.

_____ <b>APPLICANT'S SIGNATURE</b>	_____ <b>DATE</b>
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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 and employer.

# TORRINGTON AREA HEALTH DISTRICT ITINERANT VENDORS SPECIFICATION SHEET

NAME OF BUSINESS: \_\_\_\_\_ DATE: \_\_\_\_\_

POTABLE WATER TANK CAPACITY: \_\_\_\_\_ gals.

SIZE: length \_\_\_\_\_ width \_\_\_\_\_ depth \_\_\_\_\_

GREY WATER TANK CAPACITY: \_\_\_\_\_ gals.

SIZE: length \_\_\_\_\_ width \_\_\_\_\_ depth \_\_\_\_\_

THREE BAY SINK CAPACITY FOR EACH BASIN: \_\_\_\_\_ gals.

SIZE OF EACH BASIN: length \_\_\_\_\_ width \_\_\_\_\_ depth \_\_\_\_\_

length \_\_\_\_\_ width \_\_\_\_\_ depth \_\_\_\_\_

length \_\_\_\_\_ width \_\_\_\_\_ depth \_\_\_\_\_

SIZE OF HANDSINK BASIN:

length \_\_\_\_\_ width \_\_\_\_\_ depth \_\_\_\_\_

TYPE OF HOT WATER AND CAPACITY: \_\_\_\_\_

Spec.

Rev. 3/2020

## **ITINERANT VENDOR / MOBILE VENDOR FOOD SERVICE REQUIREMENTS**

### **Introduction:**

This information is designed to supplement the Torrington Area Health District's pre-operational guidelines with specific regard to mobile / itinerant vending. More detailed information is available by contacting the Torrington Area Health District (TAHD) at (860) 489-0436.

### **Definition:**

To qualify for a license as a mobile / itinerant vendor the following criteria must be met:

1. The food service unit must be mounted on wheels or other method of movable design.
2. When the unit must be self-contained; gas, water, and sewage holding tanks must be attached to the vehicle.
3. The food service vehicle must be moved on a daily basis. If the operation is not moved every day, it is considered permanent and must comply with the requirements for employee toilet and hand washing facilities that are connected to conventional water supply and sewage disposal system.

### **Inspection Scheduling:**

A pre-operational inspection of the vehicle must be conducted by TAHD prior to the issuance of a license. An appointment for an inspection may be made by contacting the office at (860) 489-0436. Appointments for license renewal inspections must be scheduled prior to the license expiration date.

### **Exhaust System:**

Any food unit equipped with open cooking facilities such as grill, fryer, stove, etc. must be provided with a forced air exhaust system which:

1. Extends 8 – 10 inches beyond the edge of the cooking surface.
2. Is equipped with removable filter screens.
3. Is protected from entrance of insects and rodents.

### **Holding Tanks:**

Vehicles equipped with running water must be provided with a water tight waste holding tank which has a capacity equal to 1 ½ times the volume of the potable water storage facility. Waste water must be disposed of in a manner approved by the TAHD. The potable water tank must be a closed water tight system with a connected water fill hose portal.

### **Identification:**

Food service vehicles must bear the name and address of the licensee legibly on the side. Where more than one unit is licensed by the TAHD the unit number must be noted. A current food service license sticker from the TAHD must be affixed to the unit in a visible location.

### **Food From Approved Sources:**

All food and beverage products offered for sale must be from an approved source. Prepared food products must be obtained from a licensed facility or approved by the TAHD. Home preparation of potentially hazardous food products is prohibited. When prepared food products are offered for sale, the licensee must have in his possession verification of the source from which the product was obtained.

### **Refuse Storage:**

The licensee must provide a waste and / or trash receptacle for disposal of refuse and paper waste outside the vehicle.

### **Refrigeration and Hot Holding Units:**

1. Refrigeration units whether iced, gas or electric must be capable of maintaining potentially hazardous foods at a temperature of 41 degrees Fahrenheit or less. All refrigeration units must be equipped with a thermometer.
2. Hot holding units must be capable of maintaining potentially hazardous food at a temperature of 135 degrees Fahrenheit or higher. The licensee must have a thermometer in his possession for the purpose of checking holding temperatures. Hot holding units shall not be used for bringing cold foods to service temperature unless designed for this purpose.

### **Hand washing Facilities:**

All food service units must be provided with hand washing facilities. Limited food service operations, that do not involve active food preparation, may use a "wash and dry" type waterless hand cleaner. Vehicles offering a variety of potentially hazardous food products or operations involving food preparation must be equipped with a hand washing sink with hot and cold running water.

### **Water Supply:**

Water used on food service units must be obtained from:

1. A municipal or public water company.
2. A private well supply which has been tested and approved by the Connecticut Department of Public Health – Water Supplies Section.

### **Unit Design:**

All food service units must be designed so as to protect food product from air borne contamination during periods of display and / or service. Food contact surfaces should be constructed of durable, non-porous materials, which are smooth and easily cleaned. Units equipped with open cooking facilities (grill, stove, fryer, etc. ) or where operations involve potentially hazardous food preparation must be completely enclosed; customer service window(s) must be equipped with screens.

### **Sanitizing Equipment:**

When food service operations involve the handling and / or preparation of potentially hazardous food products, the service unit must be equipped with a three (3) compartment sink and hot and cold running water. The sink(s) must be of sufficient size to submerge the largest preparation utensil. The TAHD may allow the use of a two (2) compartment sink where food preparation activities are minimal.

## **DESCRIPTION OF FOOD SERVICE CLASSIFICATIONS**

**The Connecticut Public Health Code states the following:**

**CLASS I** – is a food service establishment with commercially prepackaged foods and/or hot or cold beverages only. No preparation, cooking or hot holding of potentially hazardous foods is included except that commercially packaged precooked foods may be heated and served in the original package within four (4) hours.

**CLASS II** – is a food service establishment using cold or ready-to-eat commercially processed food requiring no further heat treatment and/or hot or cold beverages. No cooking, heating or hot holding of potentially hazardous foods is included, except that commercially packaged precooked foods may be heated and served in the original package within four (4) hours, and commercially precooked hot dogs, kielbasa and soup may be heated if transferred directly out of the original package and served within four (4) hours.

**CLASS III** – is a food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and consumed by the public within four (4) hours of preparation.

**CLASS IV** – is a food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and held for more than four (4) hours prior to consumption by the public.

If you have any questions regarding the classification of your food service operation you may call the TAHD office for assistance at (860) 489-0436 or mail a copy of your menu items to the TAHD office to be reviewed by a sanitarian.



A Qualified Food Operator (QFO) is required for those establishments classified as a Class III or IV, and the registered QFO must train a Designated Alternate. Please read the following sections from the State of Connecticut, Public Health 19-13-B42.

### **Qualified Food Operator, Section 19-13B-42(s)(4) of the Public Health Code**

Each person owning, operating or managing any food service establishment designated either as class III or class IV shall be a Qualified Food Operator or shall employ on-site at least one (1) Qualified Food Operator who is in a supervisory position at said establishment. Qualified Food Operator is a food operator employed in a full-time position who has demonstrated knowledge of safe food handling techniques.

Supervisory position means the position of a person who directs and inspects the performance of food service workers. (Please post current employee certificates within establishment for regulatory authority review)

### **Responsibilities of Qualified Food Operators:**

The Qualified food operator is responsible for operating the food service establishment in compliance with all the provisions of section 19-13-B42 of the Regulations of Connecticut State Agencies. The qualified food operator of each food service establishment is responsible for ensuring training of food preparation personnel.

All such personnel shall receive training that shall include but not necessarily be limited to:

- instruction in proper food temperature control
- food protection
- personal health and cleanliness
- sanitation of the facility, equipment, supplies and utensils

The qualified food operator shall maintain written documentation of a training program and training records of individual employees, and shall make these records available. (see attached documents)

### **Qualified Food Operator Not Present, Section 19-13B-42(s)(8)(B)**

The owner / operator of the food service establishment shall designate an alternate person to be in charge at all times when the qualified food operator cannot be present. A signed statement must be provided attesting that the alternate person in charge has demonstrated knowledge of food safety training.

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### **Approved Testing Organizations to comply with the Qualified Food Operator Requirement:**

**The Educational Foundation of the National Restaurant Association (NRA) - Website: [www.edfound.org](http://www.edfound.org)**  
250 South Wacker Drive  
Chicago, IL 60606  
Phone: 1-800-765-2122

**Certifying Board for Dietary Managers - Website: [www.dmaonline.org](http://www.dmaonline.org)**  
406 Surrey Woods Drive  
St. Charles, IL 60174-2386  
Phone: 1-800-323-1908

**Experior Assessments (formerly National Assessment Institute) Website: [www.experioronline.com/food.htm](http://www.experioronline.com/food.htm)**  
600 Cleveland Street, Suite 900  
Clearwater, FL 33755  
Phone: 1800-624-2736 / contact: Douglas Campbell

**The National Registry of Food Safety Professionals, Inc. - Website: [www.NRFSP.com](http://www.NRFSP.com)**  
1200 East Hillcrest Street, Suite 303  
Orlando, FL 32803  
Phone 1-800-446-0257 / contact: David Cox

**Designated – Alternate Person In Charge**  
Demonstrated Knowledge Statement

**Name of Establishment**

\_\_\_\_\_

**Town of Operation**

\_\_\_\_\_

I \_\_\_\_\_ attest that  
(Print Name of Owner or QFO)

\_\_\_\_\_ is employed as the alternate  
(Print Name of Alternate Person in Charge)

person in charge and he/she has a complete understanding of the responsibilities associated with being the Designated Alternate for the above establishment.

The Designated Alternate shall be responsible for: ensuring that all employees comply with state and local regulations. The Designated Alternate is also responsible for handling emergencies; admitting the inspector; and receiving and signing the inspection report.

Signature of Owner or QFO \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of Designated Alternate \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_