



Trumbull Health Department
335 White Plains Road, Trumbull, CT 06611
Phone (203) 452-1030 Fax (203) 452-1050

APPLICATION FOR ITINERANT FOOD SERVICE LICENSE

Year _____

Name of Company: _____

Model and Make of Vehicle: _____ Year: _____

License Plate Number: _____ Color of Vehicle: _____

Vin # _____

Operator of Vehicle: _____

OWNER INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

FEE: _____

Submitted By: _____ Owner _____ Manager

Signature: _____

NOTES:

PLEASE MAKE CHECK PAYABLE TO: Trumbull Health Department

FOR OFFICE USE ONLY:

RECEIVED BY: _____

DATE: _____

CHECK NUMBER: _____

RECEIPT NUMBER: _____