



**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: Town of Trumbull Health Department**

**FOR OFFICE USE ONLY:**

RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_