



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

**APPLICATION FOR SEASONAL FOOD SERVICE LICENSE
FOR _____ DAYS**

BOOTH INFORMATION

Name of Booth: _____

Name of Event: _____

Address of Event: _____

Date of Event: _____

OWNER INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

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: _____

**TRUMBULL HEALTH DEPARTMENT
APPLICATION FOR SEASONAL FOOD BOOTH**

Name of Event: _____

Date/Time of Event: _____

Location of Event: _____

Name of Food Booth and Operator: _____

Address: _____

Name of Shift Supervisors: _____

List all foods & beverages that will be served on a separate sheet (include condiments)
Where will food be stored and/or prepared prior to the even? Name of establishment?_

How will cold food be kept cold? (Below 45° f) (Examples: meats, poultry, seafood, & dairy products) _____

How will hot food be kept hot? (Above 140° f) (Examples: cooked, ready to serve meat, poultry, seafood, rice, vegetables, etc) _____

Describe handwashing facility inside booth: _____

Location of employee toilet facility: _____

How will utensils, cutting boards, etc. be sanitized? _____

How will the wastewater from the handwashing facility/wash rinse-sanitize station be disposed?

Application reviewed by: _____

COMMENTS: _

APPROVED BY: _____ DATE: _____

Seasonal Food Booth Menu Checklist

Date: _____

Name of Event: _____ Name of Food Booth & Operator: _____

Potentially Hazardous Foods:

A. Critical Control Points:

ITEMS	Extensive Preparation	Pre-cooking	Cooling	Thawing	Cold Holding	Reheating	Hot Holding	Over Night Onsite Storage	Preparation Steps

B. OTHER FOODS	COMMENTS
1. _____	1. _____
2. _____	2. _____