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

DIRECTIONS: Seasonal Food Service Application

A seasonal food service permit must be obtained for commercial and non-profit operations that wish to sell food to the public for 90 days or less.

- The application below must be completed and returned to the Trumbull Health Department ***at least two weeks prior to your opening day*** with the appropriate fee.
- The Trumbull Health Department will review your application and may call the food booth operator with questions.
- An inspection of your food booth/truck may be required before a license can be issued.
- If you have any questions about this form or requirements, please contact THD at (203) 452-1030 and ask to speak with a sanitarian.

MENU

- List all foods and beverages to be served or sold.
- List items that are pre-packaged and where they will be purchased from, and where they will be stored prior to the event date.
    - **If food is being stored or prepared off-site, you must submit documentation that it is being done so in a licensed food service establishment**
- Describe all food preparation steps and cooking methods. If food is being cooked to order please note this.
- Describe all hot and cold holding methods – please be specific. Explain how hot foods will be cooked to the appropriate temperature and how foods will be kept warm on site.

HAND WASHING

- Hand washing is required when handling foods. If there is not a hand sink in your food service area, you may need to use a temporary hand wash station. Ask sanitarians for details on set-up.
- Soap, paper towels, and waste bin are also required.

SANITIZING

- List the type of sanitizing solution to be used on site and indicate if there will be test paper available to test concentration.
- If you are unfamiliar with the sanitizing process please speak to a sanitarian.

LAYOUT * applies to new seasonal applications only

- Provide a diagram of your tent, booth, trailer, or food truck.
- Be sure to label all relevant equipment (hand sinks, 3 bay sinks, refrigerators, warmers, grills, steam tables, etc.)

Public Health
Prevent. Promote. Protect.
TRUMBULL HEALTH DEPARTMENT

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APPLICATION FOR A SEASONAL FOOD SERVICE LICENSE

FEES: $100 ☐ Late fee per day, $20 ☐

Name of Food Service Establishment: _____

Address: _____

Days/Hours of Operation: _____

Food Booth Operator(s): _____

Email: _____Phone: _____

The following items MUST BE INCLUDED in your application:

1. **Proposed Menu.**
2. **All relevant licenses (Department of Consumer Protection, Department of Agriculture, etc.).**
3. ***Class 2, 3, & 4 only: certified food protection manager certificate for person in charge.**

What kind of items will you be selling? Hot/Cold Holding Units ☐ Tables ☐ Pallets ☐

Will there be a probe thermometer available to check internal temperatures of foods? Yes ☐ No ☐

Will there be a hand washing sink or station available in your booth/space? Yes ☐ No ☐

How will cold foods be kept at 41 F or below? Refrigerator ☐ Cooler ☐ Other ☐

How will hot foods be kept at 135 F or above? Steam Table ☐ Propane ☐ Electric Warmer ☐ Other ☐

Sanitizer is required to clean food contact surfaces. Type of Sanitizer: Bleach ☐ Quat ☐ **Test Paper ☐

Potable water supply on-site: Public Water ☐ On-site Well ☐

On-site sewage disposal: City Sewer ☐ Septic System ☐

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KEEP IN MIND: if foods will be purchased prior to the event OR prepared off site – this needs to be done in a licensed food service establishment. Provide THD with a copy of the establishment's food service permit if they are located outside of Trumbull.

FOOD ITEM	SOURCE	Where food will be STORED	SERVED	PREPARATION & FINAL TEMPERATURE
Ex: Grilled Chicken	Stop & Shop, Trumbull	Purchased day of event	Hot	Marinate chicken in refrigerator on truck, grill to 165 F
Ex. Pasta Salad	Ingredients purchased from Big Y	Stored in VFW coolers (see attached license).	Cold	Mix ingredients on-site, store in cooler at 41 F

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Received By: _____ Date: _____

Credit Card/Cash/Check#: _____ Receipt Number: _____

Approved By: _____ Date: _____

Comments: _____

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