



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



Date: _____

Office Use Only
License Fee Paid: _____
Received by: _____
Check# or Cash: _____
Receipt #: _____

APPLICATION FOR A FARMERS MARKET LICENSE

Applications must be submitted at least 2 weeks prior to the event

License Fees:

1. Selling whole produce only – no license fee for approved farmers
2. Individually wrapped, prepackaged items with no tasting/sampling – No Fee
3. All other food vendors - \$100.00 / Season

Name of Event: _____		Date / Time of Event: _____	
Location of Event: _____			
Food Booth Operator (Commercial or Individual) Name: _____			
Address: _____		Phone: _____	
(Street)	(City)	(State)(Zip Code)	(Cell) (Home)
Event Coordinator: (Large Events) _____		Phone: _____	
		(Cell)	(Home)

Menu Items: (All foods and condiments must be from an approved source)

Please describe how foods will be prepared, cooked and transported:

Explain how cold foods will be kept cold or frozen: (Maximum 41° F and below)

Explain how hot foods will be kept hot: (Minimum 135° F and above)





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(OVER)

Please describe how utensils, cutting boards and surfaces will be sanitized:

Please describe how the handwashing station will be set up in your booth:

Is there a toilet facility available or will portable toilets be used?

Indicate the water source for cooking, cleaning and handwashing:

Layout of trailer or booth. Show all components including but not limited to overhead protection, handwashing station, tables, equipment, coolers, grills and toilet facilities, etc.

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Application Approved by:

Date: