



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: _____

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 event? 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 itinerant's vehicle: _____

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: _____

Itinerant Food Truck Menu Food Process

Date: _____

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.

*If there are more items please list on separate sheet of paper