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

ITINERANT FOOD SERVICE LICENSE APPLICATION

Fee: $150 ☐ Date: _____

Name of Company: _____

Make, Model, Color of Vehicle: _____ Year: _____

License Plate: _____ Vin Number: _____

Operator/Manager: _____

Days/Hours of Operation: _____

Owner: _____

Address: _____

Phone: _____ Email Address: _____

All Class 2,3, & 4 establishments must have a Certified Food Protection Manager (CFPM) employed in a full time, supervisory position. This certification must be from an approved testing agency per FDA Code. *A copy of the certificate must be provided with this application*

Please include a copy of your establishment's *current menu*

***IF VENDING ON TOWN PROPERTY:* please include a copy of your permit from the Trumbull police**

Proposed Vending Location: _____

Town of Trumbull Official: _____

X Signature: _____ Department: _____

Pursuant to the Code of Ordinances of the Town of Trumbull and the Connecticut Public Health Code, application is hereby made for a license to operate a food establishment in the Town of Trumbull. The undersigned hereby agrees to comply with the provisions of these ordinances and regulations. **Licenses are non-transferable.**

X Signature of Applicant: _____ Date: _____

Office Use Only Classification: _____

Date Received: _____ Fee Paid: _____ Receipt #: _____ Credit Card/Cash/Check#: _____

CFPM Requirement Met: □Yes □No □N/A (class I) Menu Attached: □Yes □No

Final Approval: _____ Date Issued: _____