

West Hartford-Bloomfield Health District
580 Cottage Grove Road, Suite 100
Bloomfield, Connecticut 06002
PHONE: 860-561-7900 Fax: 860-561-7918
PERMIT FEE: \$55.00 (Additional charge for "Expedited" processing)

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

Directions:

The operator of **each** TFE Site must complete this application. The application must be completed and submitted to the West Hartford-Bloomfield Health District at least 5 Business days before an event. **If the application is late there will be an additional Expedited Review Fee of \$55.00.**

In addition, using the attached Sketch Sheets, each operator must provide:

- a drawing of their temporary food establishment; **(Sketch Sheet 1)**
- a drawing of the **entire event area** depicting their TFE site in relation to the potable water supply, electrical sources, the waste water disposal area, lavatories, etc., as well as all food preparation and service areas at the Event. **(Sketch Sheet 2)**

Name & Address of the Temporary Food Establishment:

Name of Operator/Owner: _____

Mailing Address: _____

Telephone Number: _____

Name of Event: _____

Email Address: _____

Date(s) and Time(s) of Event: _____

Expected Number of Patrons Per Day: _____

Date and Time TFE will be set up and ready for inspection: _____

1. List **all** food and beverage items to be prepared and served. Attach a separate sheet if necessary. (NOTE: Any changes to the menu must be submitted to and approved by the Regulatory Authority at least **5 days** prior to the event.)

2. Will All Foods Be Prepared At The TFE Site?

_____ **Yes>>Complete Attachment A**

_____ **No >>Complete Attachments A & B**

If No, the operator **MUST** provide a copy of the current license for the permanent food establishment where the food will be prepared.

3. Describe (be specific) how frozen, cold, and hot foods will be transported to the Temporary Food Establishment: _____

3a. How will food temperatures be monitored during the event?

4. Identify the sources for each meat, poultry, seafood, and shellfish item. Include the source of the ice:

5. The owner/operator must agree to use **Attachment C** during the Temporary Food Event to record the names, phone numbers, shifts worked during the event, and the assigned duties of all Temporary Food Establishment workers (paid and volunteer). This information must be retained for at least 30 days after the close of the event.

6. Describe the number, location and set up of hand washing facilities to be used by the Temporary Food Establishment workers:

7. Identify the source of the potable water supply and describe how water will be stored and distributed at the Temporary Food Event. If a non-public water supply is to be used, provide the results of the most recent water tests.

8. Describe where utensil washing will take place. If no facilities are available on site, describe the location of back-up utensil storage.

9a. Describe how and where wastewater from hand washing and utensil washing will be collected, stored and disposed:

b) If portable toilets are to be used, identify the frequency of waste removal:

10. Describe the number, location and types of garbage disposal containers at the Temporary Food Establishment as well as at the event site:

11. Describe the floors, walls and ceiling surfaces, and lighting within the Temporary Food Establishment:

12. Describe how electricity will be provided to the Temporary Food Establishment:

13. Please add any additional information about your Temporary Food Establishment that should be considered:

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the West Hartford-Bloomfield Health District may nullify final approval.

Signature(s) _____

Date: _____

Approval of these plans and specifications by this West Hartford-Bloomfield Health District does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

APPROVAL: _____ DATE: _____

Permit Restrictions: _____

Permit Effective Dates: _____

DISAPPROVAL: _____ DATE: _____

Reason(s) for Disapproval: _____

Reviewer Signature & Title

Date

Sketch Sheet 1

In the following space, provide a drawing of the Temporary Food Establishment.

Identify the location of all items to be used at the Temporary Food Establishment.

Describe ALL equipment--including cooking equipment, hot & cold holding equipment, hand washing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, and customer service areas.

A large, empty rectangular box with a thin black border, intended for a hand-drawn sketch of a temporary food establishment. The box is currently blank.

Sketch Sheet 2

In the following space, provide a drawing of the entire Temporary Event Area including locations of the toilet facilities, garbage facilities, common use dishwashing facilities, the potable water supply, electrical sources, the waste water disposal area, and all food preparation and service areas on the grounds/site of the Temporary Food Event.



Food Preparation at the Temporary Food Establishment

Food	Thaw How? Where?	Cut/Wash Assemble Where?	Cold Holding How? Where?	Cook How? Where?	Hot Holding How? Where?	Reheating How?	Commercial Pre- Portioned Package

