



CITY OF NEW BRITAIN

EST. 1871

DEPARTMENT OF
BUILDING AND HEALTH

SERGIO LUPO MPH, RS
DIRECTOR
WWW.NEWBRITAINCT.GOV

MOBILE VENDOR LICENSE APPLICATION

Name of Establishment _____ Establishment Phone _____

Address of Establishment _____

Name of Owner _____

Owners Address _____

Owner Phone _____

Name of Qualified Food Operator (QFO) _____

Approved Test Course _____

The QFO shall be onsite, in a supervisory position with authority, responsible for training all personnel, ensuring safe food handling practices and compliance with the CT Public Health Code Section 19-13-B48 and the code of ordinances of the City of New Britain.

Designated Alternate _____

All applications received after June 30th is subject to new application and late fees.

Sales & Use Tax I.D. # for State of CT _____

Applicant Signature _____

Date _____

-----**FOR OFFICIAL USE ONLY**-----

Classification: MOBILE VENDORS SUBJECT TO A \$500.00 YEARLY VENDING FEE

- ____ Mobile Class 1: PACKAGED FOOD ONLY
- ____ Mobile Class 2: COLD FOOD PREPARATION
- ____ Mobile Class 3: HOT FOOD COOK, SERVE,
& COOK/HOLD/COOL/REHEAT/SERVE

Office Use Only	
Date Received:	_____
Date Paid:	_____
Amount paid:	_____
<input type="checkbox"/> cash	<input type="checkbox"/> check #

SANITARIAN SIGNATURE _____ **DATE** _____