

**NORWALK HEALTH DEPARTMENT
137 EAST AVENUE
NORWALK, CT 06851
(203) 854-7821**

**APPLICATION FOR SEASONAL FOOD SERVICE LICENSE
FOR THE DAYS _____**

Booth

NAME OF BOOTH:

NAME OF EVENT:

ADDRESS OF EVENT:

DATE OF EVENT:

OPERATOR OF BOOTH

NAME:

ADDRESS:

CITY, STATE, ZIP:

HOME PHONE:

FEE

*** Pay this Amount ***

SUBMITTED BY: _____ **Owner**
_____ **Manager**

Signature: _____

**NOTE:
MAKE CHECK PAYABLE TO THE NORWALK DEPARTMENT OF HEALTH**

FOR OFFICE USE ONLY:

RECEIVED BY: _____ **DATE:** _____

CHECK NUMBER: _____ **RECEIPT NUMBER:** _____



DEPARTMENT OF HEALTH
APPLICATION FOR SEASONAL FOOD BOOTH

NAME OF EVENT: _____

DATE/TIME OF EVENT: _____

LOCATION OF EVENT: _____

NAME OF FOOD BOOTH & OPERATOR: _____

ADDRESS: _____

NAME OF SHIFT SUPERVISORS: _____

1. LIST ALL FOODS & BEVERAGES THAT WILL BE SERVED ON A SEPARATE SHEET
(INCLUDE CONDIMENTS)

2. WHERE WILL FOOD BE STORED AND/OR PREPARED PRIOR TO THE EVENT?
NAME OF ESTABLISHMENT? _____

3. HOW WILL COLD FOOD BE KEPT COLD? (BELOW 45° F (examples: meats, poultry, seafood, & dairy products) _____

4. HOW WILL HOT FOOD BE KEPT HOT? (ABOVE 140° F) (examples: cooked, ready to serve meat, poultry, seafood, rice, vegetables, etc) _____

5. DESCRIBE HANDWASHING FACILITY INSIDE BOOTH: _____

6. LOCATION OF EMPLOYEE TOILET FACILITY: _____

7. HOW WILL UTENSILS, CUTTING BOARDS, ETC. BE SANITIZED? _____

8. HOW WILL THE WASTEWATER FROM THE HANDWASHING FACILITY/WASH-RINSE-SANITIZE
STATION BE DISPOSED? _____

APPLICATION REVIEWED BY: _____

COMMENTS: _____

APPROVED BY: _____ DATE: _____

Seasonal Food Booth Menu Checklist

Date: _____

Name of Event: _____

Name of Food Booth & Operator: _____

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.