

**EAST SHORE DISTRICT HEALTH DEPARTMENT**

688 East Main Street, Orchard Research Park Drive, Branford, CT 06405 •  
(203) 481-4233

**Temporary Food Service License Application**

(Maximum of 14 days per event)

***Application must be received a minimum of 14 days in advance to avoid late fees.***

Date \_\_\_\_\_ Fee Paid \_\_\_\_\_

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Contact person for event: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone # \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Address of applicant: \_\_\_\_\_

Date(s) of event: From \_\_\_\_\_ to \_\_\_\_\_

Time of operation: \_\_\_\_\_

Person(s) responsible for booth: \_\_\_\_\_

Primary food Handlers: \_\_\_\_\_

Foods to be sold:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Source of meat supply: \_\_\_\_\_

Source of baked goods: \_\_\_\_\_

Source of water supply: \_\_\_\_\_

Source other food supply: \_\_\_\_\_

**Please initial that you have included as part of your complete application:**

- \_\_\_\_\_ Menu List
- \_\_\_\_\_ Sketch of booth layout
- \_\_\_\_\_ Sources of food
- \_\_\_\_\_ Consultation fee payment

***I certify that I am the individual or organization representative charged with the responsibility for this food operation:*** Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

