



# EAST SHORE DISTRICT HEALTH DEPARTMENT

Bringing good health to the towns of Branford, East Haven and North Branford

**FOR OFFICE USE ONLY:**

Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Paid by: \_\_\_\_\_

## ITINERANT VENDOR FOOD SERVICE APPLICATION

**NOTE: \*\*\* Late fee assessed at \$15.00 PER DAY for late payment of license renewal fee and change of ownership. All Payments are Final**

Name of Vending Establishment: \_\_\_\_\_ Phone \_\_\_\_\_

Address to send Application & License: \_\_\_\_\_

Owner of Establishment: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

On-Site Operator/Manager's Name (if different from above) \_\_\_\_\_

Manager Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Itinerant Vendor License Plate Number: \_\_\_\_\_

Towns in which you'd like to operate:  Branford  East Haven  North Branford

Hours and Days of Operation: \_\_\_\_\_

Classification of Food Establishment: Class  1  2  3  4

Name of Certified Food Protection Manager (Classes 2, 3 and 4 only): \_\_\_\_\_  
**(Note: Certified Food Protection Manager (CFPM) must sign back of this application)**

Name of Alternate CFPM: \_\_\_\_\_ *(required for Class 2, 3 & 4 establishments)*

Number of Food Preparation Personnel: \_\_\_\_\_

Type of Sewage Disposal: *(if on sewage disposal system, include record of most recent septic tank pumping)*  
 Septic System  Public Sewer

Holding Tank: Number of gallons \_\_\_\_\_ Tank Disposal: \_\_\_\_\_

-- OVER --

I certify that I am the owner of the itinerant vending truck/vehicle or the owner's legal representative. I understand that prior to a change in ownership or in business name a new application for permit must be forwarded to the Health District (Licenses are not transferable).

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTICE: FEE FOR REINSPECTION AND SECOND REINSPECTION**

In the event of a reinspection, there will be a fee. If a second reinspection is necessary to verify the correction of health code violations, a reinspection fee, equal to one-half of the annual license fee, will be charged. All fees must be paid prior to reissuance of the food service license. (Section 12, ESDHD Food Service Regulations)

**VERIFICATION OF CFPM TRAINING**

I certify that, as the CFPM for the above named food establishment, I have trained all food preparation personnel in the areas of factors contributing to foodborne illness: food time/temperature control, food protection, personal health and cleanliness, sanitation of the facility, equipment, supplies and utensils. I further certify that written documentation of this training is available to the local Health Director upon request.

SIGNED: \_\_\_\_\_  
CFPM

\_\_\_\_\_  
Date

SIGNED: \_\_\_\_\_  
ALTERNATE CFPM

\_\_\_\_\_  
Date

**\*\*For all new/ renovated food service establishments (FSE's), or establishments with new owners, the following departments must sign this application prior to licensing your establishment: (You must obtain Police Department approval for each town in which you'd like to operate.) If hot food is to be served, then the Town Fire Marshal must also sign this application for each town in which you'd like to operate.**

North Branford Police Department:

\_\_\_\_\_  
Signature Date

North Branford Fire Marshal:

\_\_\_\_\_  
Signature Date

Branford Police Department

\_\_\_\_\_  
Signature Date

Branford Fire Marshal

\_\_\_\_\_  
Signature Date

East Haven Police Department

\_\_\_\_\_  
Signature Date

East Haven Fire Marshal

\_\_\_\_\_  
Signature Date

EAST SHORE HEALTH DEPT:

\_\_\_\_\_  
Signature Date