

ITINERANT VENDOR
FOOD SERVICE APPLICATION

___ \$150.00 Seasonal License (May 1 – October 29)
___ \$250.00 Annual License

NOTE: *Late fee assessed at \$15.00 PER DAY for late payment of license renewal fee.**

Name of Vending Establishment: _____ Phone: _____
Address Application & License should be sent to: _____

Owner/Operator(s) of Establishment: _____
Home Address: _____
Home Phone: (____) _____
On-Site Operator/Manager's Name (if different from above) _____
Home Address: _____
Home Phone: (____) _____

Itinerant Vendor License Plate #: _____
Towns in which you would like to operate: (circle) Branford North Branford East Haven
Hours and Days of Operation: _____

Classification of Food License: Class 1: ___ Class 2: ___ Class 3: ___ Class 4: ___
(This is on your renewal notice letter)

Name of Certified Food Protection Manager (Class 2, 3 and 4) _____
(Note: CFPM/alternate 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) Public _____ On-site Septic System _____
Holding Tank: Number of gallons _____ Tank Disposal _____

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:** _____

****Health Alert Network – To receive health alert notifications, please provide**

fax number(____) _____ E-mail address _____

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

In the event 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 C.F.P.M. TRAINING

I certify that, as the Q.F.O 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: _____
C.F.P.M. Date

SIGNED: _____
ALTERNATE C.F.P.M. Date

****For all new food vending establishments, 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 DEPARTMENT: _____
Signature Date