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 FOOD SERVICE PERMIT 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 --

688 EAST MAIN STREET • ORCHARD RESEARCH PARK • BRANFORD, CT 06405
TELEPHONE: (203) 481-4233 • EMAIL: INFO@ESDHD.ORG

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