



# Town of Brookfield Health Department

Non-profit:	<input type="checkbox"/>
For-profit:	<input type="checkbox"/>
License #	_____
Amount Paid	_____

100 Pocono Road · P.O. Box 5106 · Brookfield, CT 06804  
Telephone: 203-775-7315 Fax: 203-740-7677

## Application for Temporary Food Event License

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

Date(s)/Time(s) of Event: \_\_\_\_\_

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

- *If a tent is being erected you must obtain a Tent Application from the Building Department.*
- *If you will be posting any signs you must obtain a Sign Permit for Temporary Events from the Zoning Department.*

Name of Food Event Operator(s)/Supervisor(s): \_\_\_\_\_

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

Contact Information: \_\_\_\_\_

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

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- *List all items on the menu using the table provided on page 4.*

### 1. Describe where frozen, cold and hot food will be stored prior to the event and transported.

Name of Establishment: \_\_\_\_\_

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

Licensing Agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

When will food be delivered?  
\_\_\_\_\_

How will food be delivered?  
\_\_\_\_\_  
\_\_\_\_\_

### 2. How will cold potentially hazardous foods be kept cold? (Below 45°F) (examples: meats, poultry, seafood and dairy products)

\_\_\_\_\_  
\_\_\_\_\_

**3. Describe how hot food items will be cooked. Describe equipment used to keep hot potentially hazardous foods hot (above 140° F).** (Examples: cooked- ready to serve meat, poultry, seafood, rice, vegetables, etc.)

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**4. Describe how food will be protected from the public** (example: muffins will be individually wrapped in saran wrap, condiments in single-service packages).

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**5. Describe number, location and set-up of handwashing facilities to be used by food workers:**

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**6. How will utensils, cutting boards, thermometers and other food contact surfaces be sanitized, stored & transported?**

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**7. Toilet facilities and location: circle one**                  Rest Rooms      Portable Toilets\*

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*\* Portable Toilets- 1 portable toilet for every 200 females and 1 portable toilet for every 300 males is recommended. Whenever possible, portable toilets for food service workers shall be separate from toilets for general use and have hand-washing sinks included.*

**8. Type of potable water supply:**

On- site well     Customer of a public water company     Bottled water **only**

\*If an on-site well, you **must** submit the results of the most recent water test.

**9. Describe garbage disposal:**

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**Sketch Sheet:** In the space provided please draw the layout of the Temporary Food Event depicting the location of your food booth. Identify handwashing facilities, restrooms, dishwashing facilities, garbage disposal, food prep tables, customer service area, food storage, cooking equipment, hot and cold holding equipment etc.





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I have read the **Temporary Food Event General Information Packet** and agree to comply with regulations of the **State of Connecticut Public Health Code** and the **Food Establishment Licensing Ordinance of the Town of Brookfield**. I fully understand that any deviation from the above without permission from the Health Department may nullify final approval.

\_\_\_\_\_  
Signature of Event Operator/Supervisor

\_\_\_\_\_  
Date

.....  
*This Section for Office Use Only:*

**Remarks:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_