

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

LICENSE APPLICATION FOR ITINERANT FOOD VENDOR

Application is hereby made for a license to operate or maintain a mobile food service establishment within the territorial limits of the Town of Brookfield

License #: _____ Make & Model of Vehicle: _____
VIN#: _____ Street Address: _____

BUSINESS INFORMATION:

Business Name: _____
Business Phone #: _____

Owner(s)/Operator(s): _____

Address of Owner(s)/Operator(s): _____

Area(s) of service approved within the Town of Brookfield: _____

Hours of Operation:

Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

(Example: Mon 11-9 Tues 11-9 Wed 11-9 Thu 11-9 Fri 11-10 Sat 11-10 Sun closed)

INSPECTION REQUIRED (please call to make an appointment)

REQUIRED DOCUMENTATION:

- ☐ Current Copy of Menu
- ☐ Copy of Qualified Food Operator Certification (Class III & IV only)
- ☐ Proof of Tax Payment for Vehicle
- ☐ Completed Food Vendor Questionnaire

Signature of Food Service Owner/Operator

Date

This Section for Office Use Only:

License # _____ Class: _____ Amt Paid: \$ _____ Date: _____

FOOD VENDOR QUESTIONNAIRE

Emergency Contact Name & Phone #:

Fax # or email

(To receive important food recall info):

Name of Qualified Food Operator :

Name of Designated Alternate: *if applicable*

Number of Employees:

Average Number of Persons Served Daily:

Source of Water:

Source of Milk:

Source of Ice Cream:

Source of Bread & Pastries:

Source of Meat:

n/a

Source of Shellfish:

Source of Produce:

*The food sources refer to the suppliers of ready-to-serve, pre-prepared food being sold.