

NEWTOWN HEALTH DISTRICT DEPARTMENT OF HEALTH
31 PECKS LANE
NEWTOWN, CT 06470
(203) 270-4291 FAX: 203-270-1528

TEMPORARY EVENT APPLICATION

Name of Event: _____

Date/Time of Event: _____

Location of Event: _____

Event Spokesperson: _____ Rain Date: _____

Mailing Address: _____

Phone Number: _____

1. List all foods and beverages that will be served, including condiments:

2. Where and when will food be purchased? _____

3. List where food will be stored and/or prepared prior to the event.

4. How and when will food be delivered to the event? _____

5. How will foods be kept cold (**below 45 degrees F**)? _____

6. How will foods be kept hot (**above 140 degrees F**)? _____

7. Describe cooking procedures: _____

8. How will food be stored during the event?: _____

9. Describe hand washing set up: _____

10. Location of employee toilets: _____

11. How will cutting boards, utensils, etc., be sanitized? _____

Comments: _____

***You must keep on file a list of employees who worked at the food booth.**

The undersigned agrees to abide by all State and Local Ordinances in regard to the dispensing of food and beverages with the understanding that failure to comply with the before-mentioned may result in revocation or the suspension of your food license. The undersigned has received a copy of the Temporary Food Service Guide and will have all food workers read the guide prior to working at the food booth.

Signature: _____ Date: _____

Application reviewed by: _____

Comments: _____

Date Approved: _____ Fee paid: _____