

## Town of Fairfield

Sands L. Cleary Director of Health

Name of Event:

Fairfield, Connecticut 06824 Health Department Sullivan Independence Hall 725 Old Post Road (203) 256-3020 FAX (203) 254-8850

## **Temporary Food Service Application**

A <u>\$51.00</u> fee for a Temporary Food License is required if you do <u>not</u> have a current Food Establishment License issued by the Fairfield Health Department. There is no fee for Non-Profit Organizations.

Temporary Event Information

Date/Time of Event:

Both sides of this form need to be completed in full.

Location of Event:	
Event Operator	Event Contact Phone:
Establishman	A Production Community
Food Booth Operator & Food Establishmen	t Business Owner Information
Name of Person Operating Temp Food Booth on day of Event:	Contact Phone:
Name of Business/Restaurant/Establishment:	Owner's Name:
Address of Business/Restaurant/Establishment:	Owner's Address:
	Owner's Telephone:
Qualified Food Operator's Name:	QFO Expiration Date:

A copy of your current Food License issued by your municipality and a copy of your Qualified Food Operator's Certificate is required for all Restaurants, Food Establishments, Vendors, Caterers and Businesses.

## ~CONTINUED ON REVERSE SIDE ~

## STORAGE AND PREPARATION

Where will food be stored and/or prepared pri & address, etc.)	or to the event? (example: food establishment name
How will you keep cold food cold (45°F)? (example lairy products)	ples of cold food are: raw meat, poultry, seafood and
How will you keep hot food hot (140°F)? (erami	oles of hot food are: cooked, ready-to-serve meat, poultry,
eafood, etc.)	ores of not food are. Cookea, ready-to-serve meat, poutery,
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Describe the hand washing facilities in your baper towels or rented portable hand sink, etc.)	booth: (example: 5 gallon bucket with spigot, pail, soap,
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COMPLETE LIST ALL FOOD & BEVER	RAGE ITEMS THAT WILL BE SERVED:
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