



P.O. BOX 2632 Hartford, CT 06146 2018

2023—VENDOR APPLICATION & RECEIPT
THIS IS A RAIN OR SHINE EVENT
NO REFUNDS

NAME (Restaurant/Organization): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ CELL #: _____

E-MAIL ADDRESS: _____

ITEMS TO SELL: _____

License #: _____ Insurance #: (if Any) _____

- Cost for Corporate Booth: \$600.00
- Cost for Food Vending: \$350.00
- Cost for Non-Profit Vending Food: \$200.00
- Cost for Arts & Craft Vending: \$175.00
- Cost for Non-Profit: \$100.00 (Waiver Available)
- Not for Profit Literature Handouts (No Cost)

Checks, Money order payable to: West Indian Independence Celebrations, Inc.

EIN#: 20-0089390



CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Environmental Health Division
131 Coventry Street
Hartford, Connecticut 06112
Ph: (860) 757-4760
Fax: (860) 722-6677
www.hartford.gov



VENDOR TEMPORARY FOOD LICENSE APPLICATION

The VENDOR of each temporary food event must complete this application with remittance of \$75.00 (non profit events \$25) by **CERTIFIED CHECK, MONEY ORDER or CREDIT CARD only (no cash or personal checks)** payable to the City of Hartford and must be filed *(15) days prior to the opening event. This application and \$75.00 (nonprofit \$25) must be submitted to the Department of Health and Human Services, Environmental Health Division, 131 Coventry Street, Hartford, CT 06112.

***In addition applications received between 5-15 days prior to the event will be charged \$125. Applications received less than 5 days prior to the day of the event will be levied \$150. This applies to all applicants including Not-For-Profit Organizations.**

***This application is not a license.** Temporary food permits will not exceed a period of 1 to 5 days.

Name of Event _____ Application Date _____

Date of Event _____ Time of Event _____

Location of Event _____ Building Name & Room# _____

Event Coordinator Name (full business name) _____

Name of Event Coordinator Contact Person (First) _____ (Last) _____

Phone # (work) _____ (cell) _____

E-Mail Address _____

Name of Applicant (Food Vendor): First name _____ Last name _____

Applicant Business Name _____

Licensed Food Establishment* _____ Non Profit Org. (yes**) _____

*If yes, submit copy of current food license not issued by the Hartford Health Department

**If yes, submit copy of state nonprofit certification with the application.

Applicant's Address _____

Applicant's E-Mail Address _____

Applicant's Phone # (work & home) _____ (cell) _____

QFO Certification (if applicable) _____

Person in charge on event premises (if different from applicant): _____ Cell _____

Set up time _____ Inspection time _____

Note: Please provide the following information: All questions must be answered to determine if your food permit will be approved. (If any of the following does not apply to you mark it N/A)

- 1. Menu: Please list all food and beverage items to be prepared and served at temporary event (attach a separate sheet if necessary).**

PLEASE NOTE: Any changes to the menu must be submitted to the Environmental Health Division no later than 10 days prior to the event.

Hot Food: _____

Cold Food: _____

Beverages: _____

Other: _____

- 2. Will all foods be prepared at the Temporary Food Event site?**

_____ Yes
_____ No

- 3. Describe the food source and operation approach at the event:**

Note: There shall be no home cooking or home preparation of food offered at temporary food events. All foods must be obtained from a licensed and permitted retail or wholesale food distributor.

- a. Food Prepared or precooked at licensed kitchen or restaurant. Yes_____ No _____
- b. Precooked Food ordered/purchased or donated by food establishment or organization. Yes_____ No _____
- c. Food will be cooked on premises. Yes_____ No _____ Mobile Vendor Yes_____ No _____

- 4. If the answer is yes for question 3 a. or b.**

- d. Name(s) of the Licensed kitchen or restaurant _____
- e. Address of the Licensed kitchen or restaurant _____
- f. Please submit a copy of the Food License of the licensed kitchen or restaurant with this application if issued outside of City of Hartford.

- 5. Describe how Potential Hazardous Food*(PHF) will be transported from licensed kitchen to event safely within adequate temperature range (be specific):**

Thermo vehicles: _____ Cooler with Ice: _____
Thermo box: _____ Thermo bag: _____
Other (describe): _____

- 6. Identify cooking equipment and approach, choose as many as apply:**

Gas Grill (commercial only) _____ Chaco grill (commercial only) _____ Steamer _____
Kettle (corn) _____ Conventional Oven _____ Stove _____ Stir fry wok _____ Rice maker _____
Deep Fryer _____ Gas cooker _____ Other (describe) _____

7. List all places (names & address) where the food source especially meats, poultry, seafood, *shellfish and ice will be purchased. *shellfish tag must be kept with the original bag or container until it is empty then kept for 90 days.

Example: Hot dog, Chili Sauce commercial packaged, Precooked -----Restaurant Depot

8. Hand washing facilities to be used by employees.

- a. Commercial Electric Portable hand washing station _____
b. **Portable Hand washing station set-up:** yes _____, (must include all items listed below)
Thermo Water Tank with **Spigot** _____
Waste Water Bucket _____ Soap _____ Paper Towel _____

9. How and where /Equipment/ utensil washing will take place.

- a. Commercial ware washing facility on event premises _____
b. Portable three bay sink (commercial) _____
c. Three containers of suitable size (adequate for the largest cooking ware or utensils) _____
d. Will bring back to base of operation to wash (for events less than 4 hours only) _____.
e. Not applicable (if using single-use utensils or prepackaged food) _____.

10. Waste Water and Grease Disposal: Describe how wastewater will be collected, stored and disposed. Note: no waste water and grease disposal allowed on ground or storm drain.

Collected by event coordinator _____ Bring back to base of operation _____

11. Garbage Containers: Describe the number and location of garbage containers.

12. What heat source will be used to keep hot foods hot (140 degrees and above)?

- a. Steamer _____ b. Chafing Dish _____
c. Other (describe) _____ d. N/A (cold food only) _____

13. Describe how cold foods will be kept cold (45 degrees and below).

- a. Commercial cooler/freezer _____ b. Ice cooler _____
c. Ice Packs _____

14. Describe how food temperatures are monitored and thermometers cleaned, and sanitized.

- a. Probe Type Thermometer (0-220 degrees F range) _____
b. Cooler Thermometer _____
c. Alcohol Swap for sanitizing required _____

15. Food Protection equipment required:

- a. Tent required if food will be prepared, cooked and dispensed out side _____
- b. Food must be properly covered, ___ Sneeze Guard require for self serves PHF food items _____
- c. Adequate shelves required for storing food and food services item's containers off Floor_____
- d. Gloves for ready-to eat food contact.

16. Personal Hygiene:

Effective hair restraints (hat, hair net) _____

Clean outfit, apron, t-shirt with sleeves _____

Are personnel with symptoms like fever, diarrhea, vomiting, coughing/sneezing, etc. or hand/finger wounds prohibited from handling food? Yes _____ No _____

17. List of employee/volunteer names, phone numbers, addresses, and shifts to be worked during the event.

<u>NAME OF EMPLOYEE</u>	<u>PHONE #</u>	<u>ADDRESS</u>	<u>SHIFT</u>
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

18. Use attachment #1 in this packet to sketch a drawing showing the event area and where your operation will be, and the layout of your equipment setting.

Are you ready for the preoperational food inspection?

SELF CHECKLIST FOR FOOD VENDOR OPERATORS

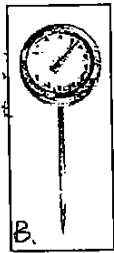
(Keep the list on site with you)

- _____ Hand-washing station set up (water tank with spigot, soap, paper towel, waste water bucket and garbage container)
- _____ Metal probe thermometer (0 – 220 degrees F range), alcohol swap
- _____ Thermometers for all refrigerators
- _____ Coolers and ice packs (if ice is to be used for cooling of foods, where is water to be drained)
- _____ Equipment for PHF hot holding and transport.
- _____ Plastic wrap/Aluminum foil, food grade plastic bags
- _____ Extra utensils: tongs, spatulas, spoons, and knives (stored in clean sealed bags)
- _____ Water and Ice from safety approved source
- _____ Buckets/tubs for washing, rinsing, sanitizing food equipment (size fixed the largest cook or storing equipment or containers)
- _____ Bleach for sanitizing, test strips for checking
- _____ Waste water disposal container with tied lid
- _____ Container(s) for grease collection
- _____ Clean wiping cloths and a sanitizing solution container to store them in
- _____ Garbage containers with plastic bags
- _____ Hats/hair restraints and clean wear, T-sheet with sleeves
- _____ Tables, crates, shelves adequate for all food or service item containers stored off floor
- _____ Gloves for food handling
- _____ Tent, Sneeze guard, food cover material for food protection
- _____ All potential Hazard food stored at proper temperature > 140°F or < 45°F
- _____ All cooking equipment, utensils must be cleaned and sanitized before inspection

A HANDWASHING STATION MUST INCLUDE: POTABLE HOT & COLD RUNNING WATER (OR WARM WATER); LIQUID SOAP IN A DISPENSER; PAPER TOWELS; CONTAINER FOR WASTE WATER. WATER CONTAINER MUST BE CLEAN AND HAVE A VALVE OR SPIGOT THAT REMAINS OPEN TO ALLOW FOR ADEQUATE HANDWASHING.

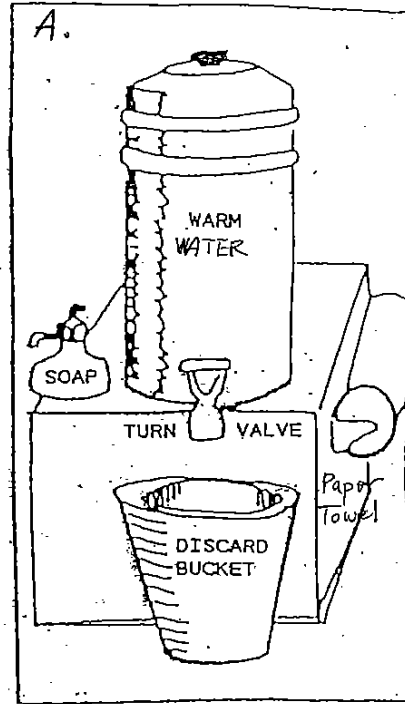
B. Temperature:

Cold Food keep $\leq 45^{\circ}\text{F}$
 Hot Food keep $\geq 140^{\circ}\text{F}$



Internal Cooking Temps	
165°F	reheats, poultry
155°F	ground meats pork
145°F	whole meats fish other PHFs

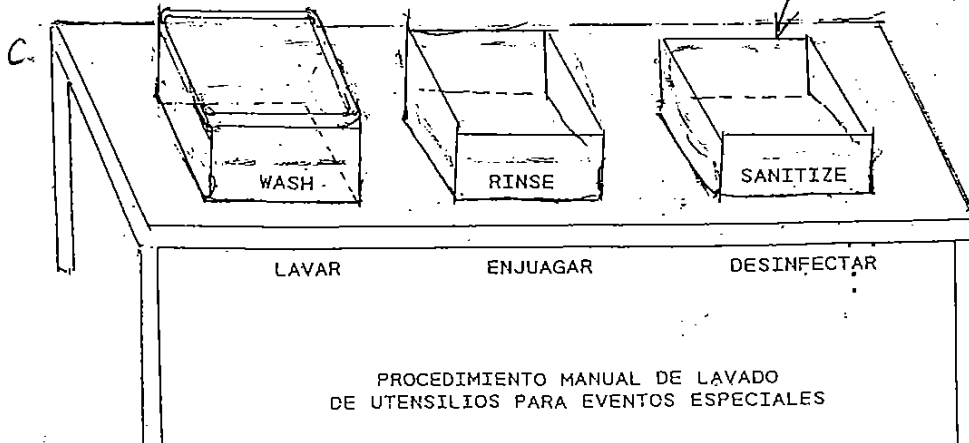
Thermometers provided.



C. MANUAL DISHWASHING PROCEDURE AT SPECIAL EVENTS

Chlorine Sanitizing Solution: $\frac{1}{2}$ Table Spoon Bleach in Per Gallon WATER.

Chlorine 100 P.P.M.
 OR
 Quat 200 P.P.M.



ATTACHMENT #1

CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Environmental Health Division

131 Coventry Street

Hartford, Connecticut 06112

Telephone: (860) 757-4760 Fax: (860) 722-6677

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CREDIT/BANK CARD PAYMENT FORM

ACCEPTED CARD TYPE(S):



DATE _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CHARGE AMOUNT \$ _____

BILLING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

NAME ON CARD: _____

AUTHORIZED SIGNATURE: _____

Payment description:

FOR OFFICE USE ONLY

CARD TYPE:



Payment information received by: mail fax telephone in person e-mail

DATE: _____

CHARGE AMOUNT \$ _____

NAME ON CARD: _____

AUTHORIZED BY: _____

Payment description:

Please be advised that as of July 15, 2016 all debit and credit card transactions will include a 2.5% convenience fee for their use. Of special note, credit card information is handled with the highest degree of precaution to ensure that your personal information is protected. Once credit card transactions are processed the form is destroyed to prevent fraud or mishandling of information. A receipt for the transaction is available upon request. Thank you for your patronage.

Prevent. Promote. Protect.