



Town of Somers Health Department
600 Main Street Somers, CT 06071
(860) 763-8216

Application for Temporary Food Permit

Event: _____

Location: _____

Date(s)/Time(s) of Event _____

Name of Food Booth/Truck/Trailer: _____

Applicant Name _____

Applicant E-mail _____

Applicant Phone Number _____

List all foods and beverages that will be served (include condiments)- attach a menu if necessary:

You must provide an adequate number of covered trash/recycle receptacles that are located and emptied in such a way as to minimize odors, flies, etc. Please describe the arrangements you have made to do so.

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

Describe available handwashing facilities.

Describe how cold food will be kept cold (below 41 degrees F)?

Describe how hot food will be kept hot (above 135 degrees F)?

List how all foods will be stored and/or prepared along with food source (store, restaurant, etc.) prior to the event (Note: food preparation is not allowed in personal home kitchens).

How will foods be transported to the event?

How will the foods be dispensed and handled? (Note: utensils or plastic gloves must be used to prevent bare hand contact with food).

Water supply: City _____ Well _____ Date last tested (if well): _____
(If well, a water analysis must be submitted in order to receive your permit.)

If potentially hazardous foods (as defined in Sec. 19-13-B42) are to be prepared or served there must be a properly trained manager onsite to supervise operations (CFPM). Please enclose the Certified Food Protection Manager's (CFPM) Certificate, if applicable.

Please sketch out a layout of your food booth including equipment for cooking, hot/cold holding, handwashing facilities, refuse containers, distance to restrooms, etc. Attach a separate sheet if necessary.

Signature of Applicant _____ Date _____

Applications and fee must be received in the Town Sanitarian's office two weeks prior to the event. Make checks payable to the Town of Somers: \$75.00. There is no fee for Non-Profit organizations, please provide a tax exempt form. Failure to submit application and/or pay fee at least two weeks in advance, the applicant will be charged an extra \$50.00.

Note: The previous questions must be completed before an approval may be granted. The sanitarian may restrict or modify the menu and/or preparation methods as necessary to minimize the risk of foodborne illness.