

**TOWN OF SOMERS**  
**DEPARTMENT OF HEALTH**  
600 Main St.  
Somers, Connecticut 06071  
(860) 763-8216

**APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT**

Name of Operation: \_\_\_\_\_ Operator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_ Profit or Non-Profit \_\_\_\_\_

Location of Operation: \_\_\_\_\_ Date(s) of Operation \_\_\_\_\_

Types of foods served: \_\_\_\_\_

Distributor(s) \_\_\_\_\_

**Applications and fee must be received in the Town Sanitarian's office one week prior to the event.**  
Make checks payable to the Town of Somers: \$75.00. There is no fee for Non-Profit organizations.