For the fee amount please see the fee schedule at http://www.fairfieldct.org/health or speak with a Sanitarian.

Receipt #: _____

Approved by: _____

Town of Fairfield

HEALTH DEPARTMENT
725 Old Post Road
Fairfield, Connecticut 06824

Sands L. Cleary
Director of Health

Phone (203) 256-3020
Fax (203) 254-8850

Temporary Food Service Application

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

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

Temporary Event Information

Name of Event:	Date/Time of Event:
Location of Event:	
Event Operator	Event Contact Phone:

Food Booth Operator & Food Establishment 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, most recent inspection report 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 prior to the event? *(example: food establishment name & address, etc.)*
How will you keep cold food cold (41°F)? *(examples of cold food are: raw meat, poultry, seafood and dairy products)*
How will you keep hot food hot (135°F)? *(examples of hot food are: cooked, ready-to-serve meat, poultry, seafood, etc.)*
Describe the hand washing facilities in your booth: *(example: 5 gallon bucket with spigot, pail, soap, paper towels or rented portable hand sink, etc.)*

COMPLETE LIST ALL FOOD & BEVERAGE ITEMS THAT WILL BE SERVED:
