

**FOOD LICENCE APPLICATION**  
**SEASONAL/TEMPORARY (7 DAYS OR LESS)**  
**TOWN OF CROMWELL HEALTH DEPARTMENT PROCEDURES**

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**All food vendors are to complete a food service application for the Health Department.**

“Food Service” includes the dispensing or sale of any food or food products.

- Application to include: copy of current food license from any town **and** a copy of last inspection.
- Copy of QFO/Certified Food Protection Manager for Class II, III and IV.
- Single event fee: \$50.00 (One Day)
- Farms and non-profits are exempt from fees. Application is required.
- A completed application may be emailed to: Afletcher@cromwellct.com
- Fees paid prior to event.
- Application must be approved prior to participating in any event.
- License fee is determined by Classification of Establishment as described in Cromwell Town Ordinance Chapter 137. Please contact Cromwell Health Department for further information.

Completed application along with fee and documentation must be submitted **five (5) work days prior** to the event. Approval is also required from The Cromwell Police Department. A Food License is required of **ALL** food vendors to participate in any event.

Attached: Health Department application for a Seasonal/Temporary License

Contacts: Cromwell Health Department: (860) 632-3426

Cromwell Police Department: (860) 635-2256 ext. 13

**Cromwell Health Department**  
**41 West Street, Cromwell, CT 06416**  
**Tel.: (860)632-3426 Fax: (860)632-3477**

**FOOD SERVICE ESTABLISHMENT LICENSE APPLICATION**  
**READ CAREFULLY / PLEASE COMPLETE ALL SECTIONS**

Date: \_\_\_\_\_

**Type of Establishment (Check all that apply)**

☐ Restaurant      ☐ Long Term Care      ☐ Retail Food      ☐ Elderly Meals      ☐ Cafeteria  
☐ Civic Org/Agency      ☐ Café      ☐ Catering      ☐ Bakery      ☐ Non Profit      ☐ Religious  
☐ Mobile Vender/Caterer      ☐ Conc. Stand      ☐ Seasonal      ☐ Temporary (7 Days or Less)

**Establishment**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner/Agent/Operator**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Certified Food Protection Manager:** \_\_\_\_\_

(Note: Copy of Certificate required with this application)

**Name of Designated Alternate Food Protection Manager:** \_\_\_\_\_

(Include Certificate or Statement)

1. Certified Food Protection Manager and Designated Alternate required for all Class 2's, 3's and 4's. Initial and annual in-house training of all food handlers must be documented, maintained, and made available for review by inspector upon request.
2. If facility is served by a private well water supply; bacteria, pH, color, odor, and turbidity water analysis required annually, copy of report must be attached.
3. If facility is served by an on-site septic system; septic systems must be pumped on a regular basis, but no less than once every two years. Copy of current pump out (within 2 years) must be attached.
4. Menus must include the following statement: ***"Thoroughly cooking meats, poultry, seafood, shellfish, or eggs reduces the risk of foodborne illness."***

**Indicate type of service:**

☐ Public Water      ☐ Public Sewers      ☐ Private Well      ☐ Septic System

**Your Rubbish/Trash Hauler:**

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**License Fee is determined by Class of Establishment, under Cromwell Town Food Ordinance, Chapter 137:**

☐ Class I      \$100.00      ☐ Class II      \$150.00      ☐ Single Event      \$50.00 (One Day)  
☐ Class III      \$200.00      ☐ Class IV      \$200.00      ☐ Non-Profit      No Fee

I hereon attest that the above is the truth and agree that the permit to which this application is made will at all times be operated in compliance with the terms of the General Statutes of the State of Connecticut, the Connecticut State Health Codes, local Ordinances, and orders of the Director of Health or his authorized Agent regarding all matters concerned with public health.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**TOWN OF CROMWELL  
HEALTH DEPARTMENT  
Phone: 860-632-3426 Fax: 860-632-3477**

- ☐ **SEASONAL FOOD SALES**  
☐ **TEMPORARY FOOD SALES (ONE TIME EVENT)**

Event:

Place of Event:

Date(s) of Event:

Time(s) of Event:

Temporary/Seasonal Food Service:

- ☐ No food preparation, individual portions or samples
- ☐ Food preparation, individual portions or samples
- ☐ Concession stand – Civic/Non-Profit Group
- ☐ Farmer selling farm products.
- ☐ \*NOT-FOR-PROFIT STATUS REQUESTED – (Fee Waived). The above temporary food service establishment is operated by a non-profit organization exempt from federal taxes AND exempt from local real estate and personal property tax. **IRS and/or State of CT Department of Revenue Services determination letter(s) may be requested with this application.**

**List complete menu and sources of food product. (Please attach a copy of your menu)**

**How will perishable foods be transported and held until used?**

**Where and how will foods be prepared and held until served?**

**What facilities exist that will be used for:**

Equipment & Dishwashing:

Hand Washing:

Refuse Disposal:

Fly Control:

Lavatories – Public & Workers:

## **BASIC FOOD BOOTH REQUIREMENTS** **FOR SEASONAL/TEMPORARY EVENTS**

KEEP FOODS AT SAFE TEMPERATURES:

HOLD ALL COLD FOODS BELOW 45°F

HOLD ALL HOT FOODS OVER 140°F

REHEAT FOODS TO 165°F

COOK ALL FOOD BEING PREPARED TO MINIMUM TEMPERATURE

POULTRY 165°F, PORK 150°F, BEEF 140°F, GROUND BEEF 155°F,  
ALL OTHER FOODS 165°F

WASH HANDS FREQUENTLY AND USE GLOVES/OR UTENSILS WHEN  
DISPENSING FOOD

SANATIZE UTENSILS AND CUTTING BOARDS (USE BLEACH SOLUTION)

DO NOT CROSS CONTAMINATE (SEPARATE RAW & COOKED FOODS)

USE UTENSILS — NOT YOUR HANDS

KEEP FOODS COVERED

DO NOT EAT WHILE WORKING

WEAR HAIR RESTRAINTS/HATS WHEN PREPARING FOODS

DO NOT WORK IF YOU ARE ILL

WASH HANDS AFTER USING RESTROOM

**INSPECTION FORM**  
**SEASONAL/TEMPORARY - FOOD EVENTS**

**CROMWELL HEALTH DEPARTMENT**

<b>CHECKLIST</b>	<b>REQUIRED</b>	<b>PROVIDED</b>
Probe Thermometer Available	X	
Cold Holding (type) Coolers/Refrigeration	X	
Hot Holding (type) Grills/Warmer	X	
Plastic Wrap	X	
Hand wash (type) as shown	X	
Extra Utensils/approved containers	X	
Washing of utensils	X	
Cleanable counters – tables	X	
Disinfections – Bleach – 50 P.P.M.	X	
Wastewater disposal	X	
Grease disposal	X	
Garbage containers & disposal	X	
Paper towels available and used	X	
Clean outer garment	X	
Food/Paper & Plastic Goods off ground	X	
Light Shields	X	
Rules posted – enclosed	X	
Log sheet below	X	
Floor/roof covering - tents	X	