



Temporary Food Permit Application

Event Name: _____ Event Date: _____ Event Time: _____
Event Address: _____
Circle Type of Event: Indoor / Outdoor
Vendor Name: _____ Telephone#: _____
Vendor Address: _____

List all foods, beverages, and condiments which will be served at the event noted above: _____

Prior to the event above listed items will be prepared at the following location

Name: _____
Address: _____
Phone: _____

Please provide the food safety procedures for the above event:

Cold food items @ 45 degrees F or below Hot food items @ 140 degrees F or above
Transporting: _____ Transporting: _____
At Site: _____ At Site: _____

Is hand washing facilities available and easily accessible? Yes or No (circle)

Are toilet facilities available? Yes or No (circle)

Potable water supply will be: (circle one) FIXED TEMPORARY Describe: _____

Garbage disposal will be: (circle one) DAILY OTHER Describe: _____

There must be a Qualified Food Operator (QFO) associated with the event:

Name of QFO: _____ Telephone: _____

Attach a copy of the QFO license to this form.

Such Temporary Permit shall be valid for a period of NO MORE THAT SEVEN (7) DAYS from date Issued. The undersigned agrees to comply with all applicable Regulations and Ordinances of the Health Department of the City of Waterbury and the State of Connecticut Public Health Code.

Application Date: _____ Application Signature: _____

Office Use Only

Date Permit Fee Paid: _____ Check or MO # _____ Initials: _____
Date Issued: _____