



Trumbull Health Department
335 White Plains Road, Trumbull, CT 06611
Phone (203) 452-1030 Fax (203) 452-1050

APPLICATION FOR TEMPORARY FOOD SERVICE LICENSE
For _____ Days

Name of Booth: _____

Name of Event: _____

Address of Event: _____

Date of Event: _____

OPERATOR OF BOOTH

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

FEE: _____

Submitted By: _____ Owner _____ Manager

Signature: _____

NOTES:

PLEASE MAKE CHECK PAYABLE TO: Trumbull Health Department

FOR OFFICE USE ONLY:

RECEIVED BY: _____

DATE: _____

CHECK NUMBER: _____

RECEIPT NUMBER: _____



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APPLICATION FOR TEMPORARY EVENT FOOD BOOTH

Name of Event: _____

Date/Time of Event: _____

Location of Event: _____

Name of Food Booth & Operator: _____

Address: _____

Name of Shift Supervisors: _____

1. List all foods & beverages that will be served on a separate sheet (include condiments)

2. Where will food be stored and/or prepared prior to the event?
Name of establishment? _____
3. How will cold food be kept cold? (below 45° f (examples: meats, poultry, seafood, & dairy products) _____
4. How will hot food be kept hot? (above 140° f) (examples: cooked, ready to serve meat, poultry, seafood, rice, vegetables, etc) _____
5. Describe handwashing facility inside booth: _____
6. Location of employee toilet facility: _____
7. How will utensils, cutting boards, etc. be sanitized?

Application reviewed by: _____

COMMENTS:

Approved by: _____ Date: _____

Temp. License No. _____ Check # _____ Receipt # _____



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Date: _____ Name of Event: _____ Name of Food Booth Operator: _____

Potentially Hazard Foods:

A. Critical Control Points:

Items	Extensive Preparation	Pre-cooking	Cooling	Thawing	Cold Holding	Reheating	Hot Holding	Over Night Onsite Storage	Preparation Steps
B. Other Food									Comments:
1.									1.
2.									2.