



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



Date: _____

| |
|-------------------------|
| Office Use Only |
| License Fee Paid: _____ |
| Received by: _____ |
| Check# or Cash: _____ |
| Receipt #: _____ |

APPLICATION FOR A FARMERS MARKET LICENSE

Applications must be submitted at least 2 weeks prior to the event

License Fees:

1. Selling whole produce only – no license fee for approved farmers
2. Individually wrapped, prepackaged items with no tasting/sampling – No Fee
3. All other food vendors - \$100.00 / Season

Name of Event: _____ Date / Time of Event: _____

Location of Event: _____

Food Booth Operator (Commercial or Individual) Name: _____

Address: _____ Phone: _____
(Street) (City) (State)(Zip Code) (Cell) (Home)

Email: _____

Event Coordinator: (Large Events) _____ Phone: _____
(Cell) (Home)

Cottage food Operator: Y N If yes please attach license.

Menu Items: (All foods and condiments must be from an approved source)

Please describe how foods will be prepared, cooked and transported: (If food is being stored/prepared off site please provide documentation showing it is an authorized site/location. For example the site/locations license).



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Explain how cold foods will be kept cold or frozen: (Maximum 41° F and below)

Explain how hot foods will be kept hot: (Minimum 135° F and above)

(OVER)

Please describe how utensils, cutting boards and surfaces will be sanitized:

Please describe how the handwashing station will be set up in your booth:

Is there a toilet facility available or will portable toilets be used?

Indicate the water source for cooking, cleaning and handwashing:

Layout of trailer or booth. Show all components including but not limited to overhead protection, handwashing station, tables, equipment, coolers, grills and toilet facilities, etc.

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Application Approved by:

Date: