



## REQUIREMENTS FOR OBTAINING AN ITINERANT FOOD VENDOR LICENSE

**Your truck and/or trailer will need an inspection before a license to operate can be issued. The inspections will take place here at QVHD 1151 Hartford Turnpike, North Haven on Wednesdays. To schedule a Wednesday appointment please call 203-248-4528. At the time of inspection, YOU MUST have your water storage tanks full and generators operating so that hot water, cooking and refrigeration facilities can be demonstrated, or an inspection cannot be made.**

**Complete and submit this form, along with the following items:**

- \_\_\_ A completed ITINERANT VENDOR INFORMATION SHEET
- \_\_\_ A completed FOOD ESTABLISHMENT LICENSE APPLICATION
- \_\_\_ A Proposed menu
- \_\_\_ A sketch of the vending vehicle floor plan
- \_\_\_ \$250.00 license fee (*fee will be reduced to \$125.00 for those operating less than 6 months*)
- \_\_\_ A copy of a current Certified Food Protection Manager (formerly QFO) certificate (For class 2 and 3 operations)
- \_\_\_ A vendor permit from the local police department may be required. Contact the local police department for more information.

Name of Food Vending Vehicle: \_\_\_\_\_

License Plate # of Food Vending Vehicle: \_\_\_\_\_

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

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



## ITINERANT VENDOR INFORMATION SHEET

DATE OF OPENING: \_\_\_\_\_ DATE OF CLOSING: \_\_\_\_\_

Name of Vending Vehicle: \_\_\_\_\_

Operator: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Certified Food Protection Manager (If Applicable): \_\_\_\_\_

Check type of operation:

Mobile operation

Scheduled event(s)

Stationary

Provide detail for scheduled events or stationary location (concerts on the green, farmers market etc):

<p>List all items on menu including condiments: <b>(If application is approved, only foods listed here will be allowed.)</b></p>	<p>Where will food be purchased?</p> <p>Water supply:</p> <p>Waste water disposal:</p>
<p>How will cold food be kept cold (below 41<sup>o</sup>)?</p>	<p>How will hot food be kept hot (above 135<sup>o</sup>)?</p>
<p>Describe hand washing facilities:</p>	<p>How will utensils, cutting boards, etc. be sanitized?</p>

\_\_\_ FOOD ITEMS WILL BE STORED AND PREPARED ON VENDING VEHICLE

\_\_\_ FOOD ITEMS WILL BE STORED AND PREPARED IN AN APPROPRIATE LICENSED FACILITY  
**(Provide copy of license)**

Name and Address of Licensed Facility: \_\_\_\_\_

Licensing Agency: \_\_\_\_\_ License Type \_\_\_\_\_ # \_\_\_\_\_

**Note: No preparation, cooking or storage of food can be done in a home kitchen.**

**ATTACH A SKETCH OF VENDING VEHICLE AND MENU:** (to include location and identification of all equipment including hand washing facilities, dishwashing facilities, hot and cold holding facilities, work tables, cooking facilities, etc.)

**At time of inspection have water storage tanks full and generators operating so that hot water, cooking and refrigeration facilities can be demonstrated.**



# QVHD

FOOD ESTABLISHMENT LICENSE  
 APPLICATION  
 NEW   
 RENEWAL   
 CHANGE OF OWNER

Quinnipiack Valley Health District

1151 Hartford Turnpike North Haven, CT 06473  
 (203) 248-4528 Fax: (203) 248-6671  
 www.qvhd.org

Establishment Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Name of Permit Holder/Applicant: \_\_\_\_\_ Owner ( ) or Manager ( )

Mailing Address if different than above: \_\_\_\_\_

Phone \_\_\_\_\_

For Class 2, 3 and 4 establishments only: **(include copy of certificate)**

Name of Certified Food Protection Manager : ( print name only) \_\_\_\_\_

*The Certified Food Protection Manager is the person who has passed a test administered by a testing organization approved by the Connecticut Department of Public Health such as Serve Safe® and is in a full-time management position in your establishment. Class 2, 3 and 4 licenses will not be renewed without Certified Food Protection Manager information.*

*Licensing of food establishments that prepare, sell, or dispense food products is required by of the Regulations of this Health District and the regulations of the State Health Department. Per these regulations the applicable license fee covers one year. This license must be renewed on or before February 1<sup>st</sup> of each year and expires January 31<sup>st</sup> of the following year.*

Fee: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Fee Paid: \_\_\_\_\_

ID #: \_\_\_\_\_

License #: \_\_\_\_\_

Class: \_\_\_\_\_

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