



2080 Silas Deane Highway, Suite 100, Rocky Hill, CT 06067

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www.ccthd.org

PUBLIC HEALTH for BERLIN, NEWINGTON, ROCKY HILL, & WETHERSFIELD

SEASONAL FARMERS MARKET FOOD SERVICE ESTABLISHMENT LICENSE

(APPLICATION AND PAYMENT MUST BE SUBMITTED AT LEAST 2 WEEKS PRIOR TO ATTENDANCE AT MARKET)

Date: _____

Farmers Market: Berlin Newington
 Rocky Hill Wethersfield

(Please complete a separate application for each market)

Business Name: _____ Phone _____

Business Address: _____
Address City State Zip

Market Master: _____ Phone: _____

Business Start Date at Market: _____ End Date: _____

Food to be served (attach menu if possible)

Please PRINT contact information of primary contact person from this business:

Name Phone

Address City State/Zip

Email address: _____

X _____
Signature of Primary Contact Date

Choose the applicable FEE:

**Cottage food vendors and farmers will no longer require a license through CCTHD*

Farmer's market vendor—non-farmer—WITH food prep, individual portions, or samples ** \$105.00

NOT-FOR-PROFIT STATUS REQUESTED-(50% of fee listed above applies). The above organization 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) MUST be submitted with this application.

*, ** see page 2

Please mail payment (check only) to: "Central CT Health District", 2080 Silas Deane Highway, Rocky Hill, CT 06067

OFFICE USE ONLY				
Received	Check #	Entered	Licensed: Yes	NO

APPROVED _____ Date _____ Entered _____
Director of Health or authorized representative

(Second page must be completed prior to receiving approval)

1. List all items on the proposed menu plus condiments (attach menu if extensive).
2. Where will the food to be served be purchased/prepared? (If prepared off site, complete pg. 3)
3. Where will the food be stored and/or prepared prior to the event?
4. How will the food items be kept cold? (Below 41°F)
5. How will the food items be cooked?
6. How will the hot food items be kept hot? (Above 135° F)
7. How will the food be protected?
8. Describe the type of hand washing facility that will be used.
9. Indicate the water source that will be used for cooking, cleaning and hand washing.
Is it: Public Water Private Well Water (*provide a copy of recent water test results*)
10. How will utensils, cutting boards, etc.be sanitized?
11. How will excess food and single service items be stored?
12. How will condiments and single service items be dispensed?
13. Location of employee/volunteer toilet facility.
14. Please include a drawn layout of the proposed operation with your application.

Comments:

**Please use this form to provide the health district with required information on your base of operation.
*Temporary Event and Farmers' Market Vendors – use this form only if food is prepared off site***

Most itinerant food vending operations and some temporary food operations require a separate base of operation to prepare and store food items, wash and store equipment and to provide an approved location for discharging wastewater, discarding trash or supplying an approved source of water in advance of or following the food service activity or event. A home kitchen cannot serve as a base of operation for a licensed food establishment, so a separate commercial grade kitchen is needed that can be operated in compliance with the requirements of the food service establishment regulations in Connecticut Public Health Code Section 19-13-B42. This can be accomplished by using an existing commercial kitchen that can accommodate your additional business needs, or by creating a new licensed commercial kitchen to support your food service operation.

Applicant Name: _____ **Phone #** _____

Mailing Address: _____
Address City State Zip

Name of your Business: _____ **Email:** _____

Operating as a (check one):

- ITINERANT FOOD VENDING OPERATION (annual license)
- SEASONAL FOOD VENDOR (180 day license)
- TEMPORARY FOOD EVENT (1-14 day event)
- FARMERS' MARKET FOOD VENDOR

Uses the kitchen located at: (Business Name): _____

(Street Address): _____

(Town): _____ (phone #): _____

Name of Owner/manager: _____

as a base of operation to support my temporary, farmers' market, seasonal or itinerant food service operation.

The facility will be used for the following activities (check all that apply):

- Cold Food Preparation _____ Dry Food/Supply Storage _____
- Cooking or Reheating _____ Ware Washing _____
- Cold Food Storage _____ Waste/wastewater disposal _____
- Water Supply** _____ Other: _____

(** The water supply must be from an approved public water supply or other approved source. Recent water test report required if using a private well water supply).

PLEASE NOTE:

- **The Base of Operation facility must be licensed or inspected by the local health department/district or the Connecticut Department of Consumer Protection in order to support your food service operation.**
- If this facility is licensed/inspected as a food service establishment by the local health department/district, **please attach a copy of their current license and most recent inspection report.**
- If this facility is licensed/inspected as a food establishment or processing facility by the Connecticut Department of Consumer Protection, **please attach a copy of their current license or most recent inspection report.**
- **If your base of operation changes, you must update this information with the Central Connecticut Health District immediately.**

Signature of Applicant

Date