



BETHEL HEALTH DEPARTMENT
Clifford J. Hurgin Municipal Center
1 School Street
Bethel, Connecticut 06801
(203) 794-8539

Application for Temporary/Seasonal Food Service License

Instructions for Completion of Form

Please follow these instructions carefully:

1. Read Food Safety Standard Operation Guidelines for Food Service Operators (attached). Keep Guidelines and the Food Event Self-Inspection Checklist for reference.
2. Complete the Application for a Food Service License.

All information requested must be completed and all questions answered. If not applicable, write N/A.

A menu must be submitted on Menu Sheet. Attachment 1

A Food Event Sketch must be submitted. Attachment 2

An Employee/Volunteer list and sign in sheet must be submitted after the licensed event on Attachment 3.

3. Return completed signed application to the Bethel Health Department no later than **10 business days BEFORE the event.**
4. Out-of-town Food Service Establishments are required to submit a current food service license issued by another health department or district.
5. Class II, Class III and Class IV Food Service Operations Must Attach A Copy of the Qualified Food Operator (QFO) Certificate. You can also attach your QFO Certificate if you have one.
6. Submit Menu Page and Diagram Page with completed application. Submit completed Employee/Volunteer list to Bethel Health Department after the licensed event.



BETHEL HEALTH DEPARTMENT
 Clifford J. Hurgin Municipal Center,
 1 School Street
 Bethel, Connecticut 06801
 (203) 794-8539

Application For Temporary/Seasonal Food License

Please Check Type of License:

Temporary: 1 to 14 consecutive days Seasonal: 15 days or longer

Name of Applicant: _____

Address: _____

State: _____ Zip: _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

Name Event//Organization/ Business: _____

Mailing Address: _____ Town: _____

State: _____ Zip: _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

Location of Event: _____

Date(s) of Event: _____

Hours of Food Service Operation: _____

Person in Charge: _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

Please check Type of Water Supply:

Self-contained / Home At Event Site Other (please describe):
 Public Water Public Water _____
 Private well * Private well * _____

** Water analysis results performed within 3 months of the date of the event **must** be submitted with application*

Please Check Type of Toilet Facilities and Location:

Rest Rooms Portable toilets

Please answer the following questions:

Note: All questions must be answered. Food Service License will not be issued for incomplete applications.

1. Using **Menu Sheet** (Attachment 1) list all foods and beverages that will be served. Indicate where food will be made or purchased. (Note: Ice is considered a food)
2. Submit a **diagram showing the layout of the food event** (Attachment 2). Show work tables/counters; cooking and hot holding equipment; coolers/refrigeration; hand washing stations; sinks; customer service table/counter, beverage station, dessert station, etc.

3. Will all foods be prepared at this food service event site? Yes No

If answered "No", the facility used must be a licensed commercially inspected kitchen and the appropriate Health Department License must be attached. Also, describe how food will be protected during transportation and how product temperatures will be maintained (exempt status for CT Farmers).

4. Will any foods be prepared ahead of time? List food item(s) and details of preparation - when; where; how cooled; how reheated, etc. Please note that preparing food ahead of time may not be allowed.

5. Describe how temperatures of both hot and cold foods will be maintained and monitored during the event (include equipment, etc.). _____

6. Describe how food will be stored at the event (minimum of 12 inches off the ground). _____

7. Describe where and how cleaning and sanitizing of utensils, cutting boards, and other food contact surfaces will take place. Also, describe provisions for backup utensils (sanitized test strips must be available/used based on type of sanitizer used). _____

8. Describe how food items will be protected from public exposure (sneezing, coughing, touching, etc.) and outdoor elements (flies, dust, etc.) _____

9. Employee/Volunteer list (Attachment 3) is to be completed at the end of the event and returned to Bethel Health Department. This List is useful if a problem occurs.

By my signature below, I hereby agree to use standard food safety practices and guidelines when serving food and/or drink to the public. Failure to comply with the CT food/drink protection general statutes, regulations including CT Public Health Code Sections 19-13-B40, 19-13-B42, and any other regulations that may apply, and Town Ordinances, may result in revocation of the Bethel Health Department food service license.

Signature of Applicant

Date

Fee Schedule:

Check One:	Amt. Due	Amount Pd	Cash/Ck#	Date
<input type="checkbox"/> 214 *Temporary Food License	\$ 65.00	_____	_____	_____
<input type="checkbox"/> 214.1 *Seasonal Food License	\$130.00	_____	_____	_____
<input type="checkbox"/> 224.5 *Non Profit Temporary Food License	\$ 25.00	_____	_____	_____
<input type="checkbox"/> 214.2 *Non Profit Seasonal Food License (Excluding Religious Organizations)	\$ 72.22	_____	_____	_____

*Temporary Food License: valid 1 through 14 consecutive days, Seasonal license valid 15 days or longer

All fees are non-refundable

FOR BHD OFFICE USE ONLY

Application reviewed by: _____

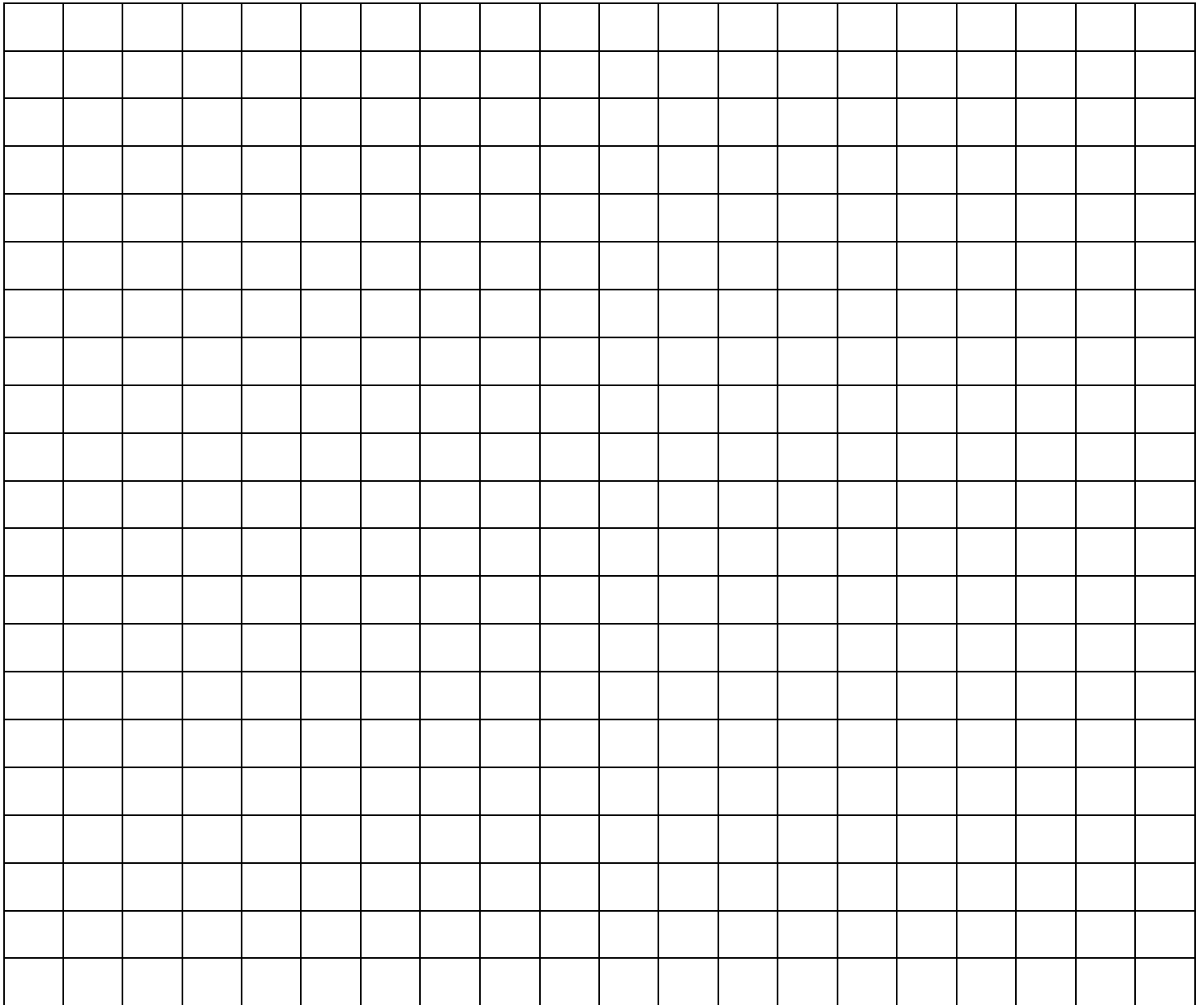
Comments: _____

APPROVED BY: _____ DATE: _____

ATTACHMENT 2

FOOD EVENT SKETCH

Draw the location and identify all equipment including handwashing facilities, dishwashing or utensil washing facilities, ranges, refrigerator, hot and cold holding equipment worktables, food/single service storage, grills, etc.



Describe food booth, including walls, flooring, screening, counter materials, and lighting.



BETHEL HEALTH DEPARTMENT
 Clifford J. Hurgin Municipal Center, 1 School Street,
 Bethel, Connecticut 06801
 (203) 794-8539

PAYSHEET FOR SERVICES RENDERED REGARDING FOOD SERVICE ESTABLISHMENTS

ESTABLISHMENT NAME: _____ PHONE: _____

ESTABLISHMENT ADDRESS: _____

OWNER/OPERATOR NAME: _____ PHONE: _____

OWNER/OPERATOR ADDRESS: _____

SIGNATURE OF OWNER/OPERATOR: _____ DATE: _____

PLEASE CHECK	OFFICE USE ONLY			
	No.	_____	Description	Amount
	No. 212.1	_____	NEW OR CHANGE OF OWNER – Class 1 License	\$175.00
	No. 212.2	_____	NEW OR CHANGE OF OWNER – Class 2 License	\$350.00
	No. 212.3	_____	NEW OR CHANGE OF OWNER – Class 3 License	\$350.00
	No. 212.4	_____	NEW OR CHANGE OF OWNER – Class 4 License	\$375.00
	No. 213.1	_____	YEARLY LICENSE RENEWAL – Class 1	\$175.00
	No. 213.2	_____	YEARLY LICENSE RENEWAL – Class 2	\$350.00
	No. 213.3	_____	YEARLY LICENSE RENEWAL – Class 3	\$350.00
	No. 213.4	_____	YEARLY LICENSE RENEWAL – Class 4	\$375.00
	No. 214	_____	TEMPORARY LICENSE	\$65.00
	No. 214.1	_____	SEASONAL LICENSE	\$130.00
	No. 214.2	_____	NON-PROFIT SEASONAL LICENSE	\$72.22
	No. 215	_____	REINSPECTION	\$75.00
	No. 223.1	_____	PLAN REVIEW – Class 1	\$150.00
	No. 223.2	_____	PLAN REVIEW – Class 2	\$200.00
	No. 223.3	_____	PLAN REVIEW – Class 3	\$300.00
	No. 223.4	_____	PLAN REVIEW – Class 4	300.00
	No. 224	_____	REVISED PLAN REVIEW	\$100.00
	No. 224.1	_____	LICENSE APPLICATION/RENEWAL LATE	\$75.00
	No. 224.2	_____	TEMPORARY FOOD APPLICATION LATE FEE	\$25.00
	No. 224.3	_____	QFO DEMONSTRATION KNOWLEDGE COURSE/TEST	\$220.00
	No. 224.4	_____	FEE FOR TRANSLATION QFO COURSE/TEST	\$50.00
	No. 224.5	_____	NON-PROFIT TEMP FOOD SERVICE APPLICATION (Excluding Religious Organizations)	\$25.00

NOTE: FEE MUST BE PAID AT TIME OF APPLICATION

AMOUNT PAID: \$ _____ CASH OR CHECK NUMBER: _____ DATE REC'D: _____

ACCEPTABLE HAND WASHING STATION FOR TEMPORARY FOOD VENDORS

Proper hand washing is critical to prevent foodborne illness. Hands must be washed before starting work, after handling raw meat, after using the restroom, and any other times hands become soiled.

The hand wash station must be set up prior to beginning food preparation or service, and shall be located so it is easily accessible and convenient for all temporary food workers.



SET UP:

Required items:

1. A five-gallon or larger insulated container kept supplied with warm water (100°F- 120°F) for hand washing delivered through a continuous-flow spigot or sprout. (No push button spigots)
2. A container for waste water retention (i.e. 5 gallon bucket), which must be disposed of into an approved sewer or wastewater system once full.
3. Hand soap and paper towels (sanitizers DO NOT replace hand washing).

EXAMPLE OF HANDWASH SET-UP

WASH HANDS

Before

- Starting to Work
- Changing Gloves

After

- Using Restroom
- Sneezing
- Coughing
- Touching Raw Food
- Touching Face or Hair
- Eating or Drinking
- Emptying Garbage
- Smoking
- Any chance of contamination

