

Wilton Health Department

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**APPLICATION FOR TEMPORARY FOOD SERVICE
(Part 1)**

All vendors serving food and beverages to the public on a temporary basis are required to have a food service permit.

The Fee for a booth at a Temporary Event is \$100.

Please complete the permit application and return it to this office no less than 2 weeks prior to the event. A copy of the Temporary Food Service Requirements is enclosed for your reference.

FAILURE TO SUBMIT A COMPLETED APPLICATION IN TIME MAY RESULT IN EXCLUSION FROM THE EVENT.

NAME OF EVENT: _____

EVENT LOCATION: _____

BUSINESS/ORGANIZATION NAME: _____

Non-Profit Yes _____ No _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (If Different): _____

APPLICANT'S NAME: _____ PHONE: _____ FAX: _____

CONTACT PERSON AT EVENT (QFO) _____

CELL PHONE _____ E-MAIL _____

LIST PRIMARY FOOD HANDLER(S) AT EVENT

1. _____ 2. _____

3. _____ 4. _____

DATE(S)/HOURS OF EVENT: _____

DATE/TIME OF SET-UP: _____

**Application for Temporary Food Service Permit
(Part 2)**

This section is also to be filled out by the Event Coordinator if operating a Food Booth.

1. List **all** food and beverage items to be prepared and served. Attach a separate sheet if necessary.
NOTE: any changes to the menu must be submitted and approved

2. Will all foods be prepared at the site?

_____ **Yes**

_____ **No**, food will be prepared at _____ a licensed food prep facility.

If prepared outside Wilton, the operator **MUST** provide a copy of the following:

Current license and **most recent Health Dept Inspection** for the food establishment where food will be prepared.

3. Describe method used to maintain the proper temperatures of food.

During Transportation _____

That need refrigeration _____

That need to be kept hot _____

4. What equipment will be used to prepare food on site?

5. Identify sources for each meat, poultry, seafood, and shellfish item. Include the source of the ice.

6. Describe the number, location and setup of hand washing facilities to be used by the Temporary Food Establishment workers.

7. Describe where utensil washing will take place. If no facilities are available on site, describe the location of back-up utensil storage.

8. Describe how and where wastewater from hand washing and utensil washing will be collected, stored and disposed.

9. Where are the nearest rest room facilities?

10. Describe the number, location and types of garbage disposal containers at the Temporary Food Establishment.

11. Describe the floors, walls and ceiling surfaces, and lighting within the Temporary Food Establishment.

12. Describe how electricity will be provided to the Temporary Food Establishment (if applicable).

Drawing of Temporary Food Establishment

Please provide a drawing of the proposed layout of your Temporary Food Establishment. Identify and describe all equipment including cooking and cold holding equipment, hand washing facilities, worktables, dishwashing facilities, food and single service storage, garbage containers and customer service areas.

A complete application must include a copy of the current Food Service Establishment license from the licensing health department if not from Wilton.

Statement: I hereby certify that the above information is correct. I fully understand that any deviation from the above without prior permission from the Wilton Health Dept. may nullify final approval.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Reviewed & Approved by:

_____ Date: _____

Permit Restrictions:

DISAPPROVAL: _____ Date: _____

Reason(s) for Disapproval:

Approval of these plans and specifications by the Wilton Health Dept. does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-operational inspection of the establishment with equipment in place and operational will determine if it complies with the local and state laws governing food service establishments.