

**Wilton Health Department**

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**Town Hall Annex**

238 Danbury Road

Wilton, CT 06897

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**APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT  
(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 the overall Temporary Event is \$100.00; for Farmer's Markets each vendor's fee is **\$50; registered CT Farmers are exempt (proof required)**. There is no fee for volunteer or municipal non- profit organizations such as church, civic club, fraternity and/or, charitable groups or for food service establishments already licensed and inspected by the Wilton Health Department *when participating non-profit or charitable fundraising events.*

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 \_\_\_\_\_

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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.
2. **NOTE:** any changes to the menu must be submitted and approved

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2. Will all foods be prepared at the site?

\_\_\_\_\_ **Yes**  
\_\_\_\_\_ **No**, food will be prepared at \_\_\_\_\_ which is a licensed food prep Facility

If prepared outside Wilton, the operator **MUST** provide a copy of the current license for the permanent food establishment where the 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?

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

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

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

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

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9. Where are the nearest rest room facilities?

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

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

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

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## 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.