



Connecticut River Area Health District
455 Boston Post Rd. Suite 7
Old Saybrook, CT 06475
Phone 860-661-3300 Web: www.crahd.info

APPLICATION FOR TEMPORARY FOOD SERVICE EVENT

Old Saybrook Community

Event June 23, 2024

Food Service Establishment/Vendor Name: _____

Address: _____

Town: _____

Person Responsible: _____ **Cell #:** (____) _____

Email: _____@_____

Please provide the following:

1. *List all foods and beverages that will be served.*

2. *Where will the food be prepared?*

3. *How will potentially hazardous foods be transported, including how it will be kept hot and/or cold at the event?*

4. *Describe hand-washing equipment:*

Water brought to the site must be from an approved source.

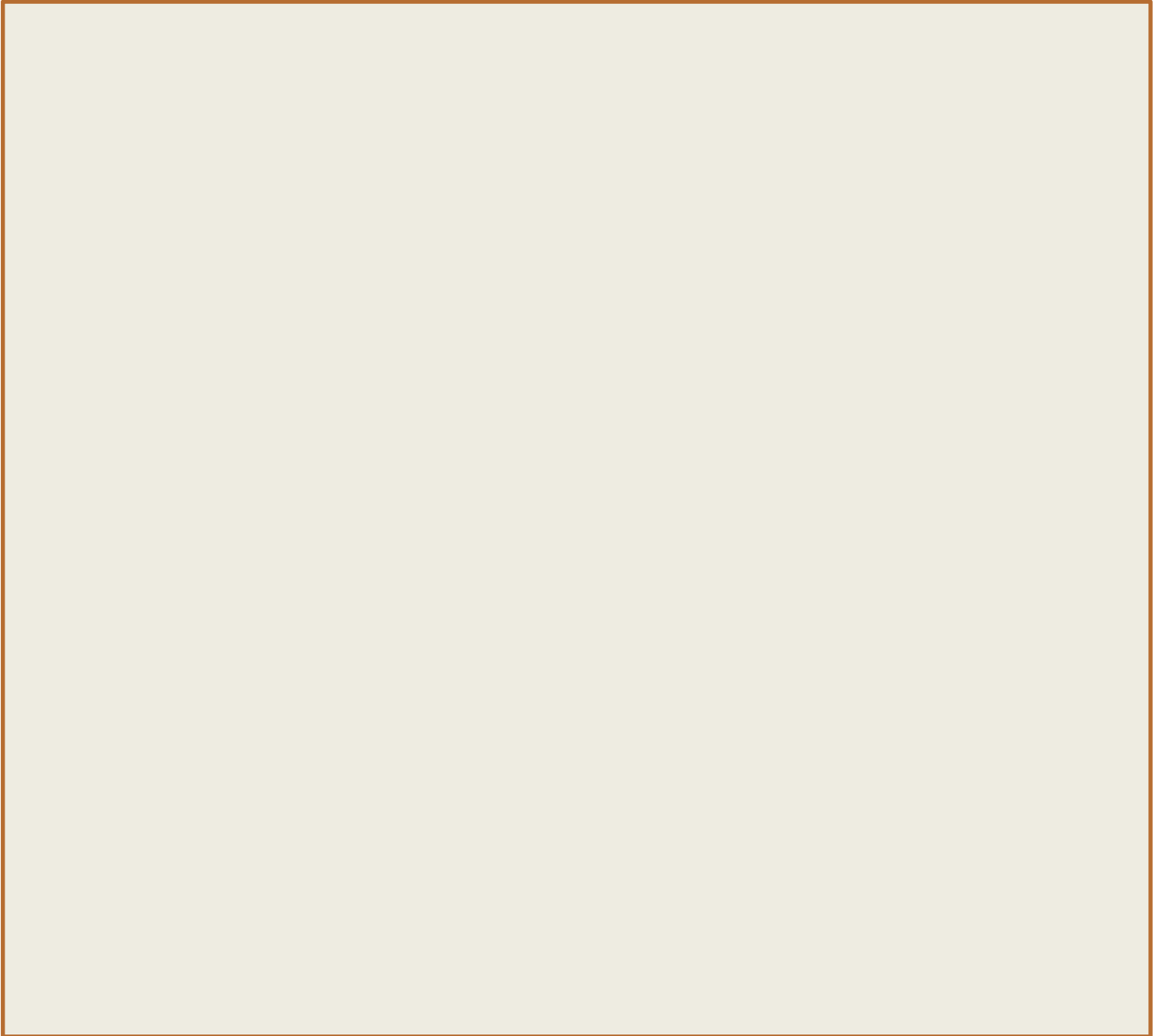
5. *How will food service equipment (utensils, cutting boards, etc.) and surfaces be sanitized?*

Water brought to the site must be from an approved source.

AGREEMENT

The undersigned agrees to maintain safe food temperatures, appropriate worker hygiene, and safe food handling practices throughout the operation to minimize the risk of food-borne illness in accordance with the FDA Model Food Code and assumes all responsibility for their workers at the event.

Draw and provide a sketch showing the layout of food preparation, cooking and serving areas hand-washing station, etc.



THERE IS NO FEE FOR PARTICIPATING IN THIS COMMUNITY EVENT

Print Name: _____ **Sign:** _____ **Date:** _____