



Application for Temporary Events
STRATFORD HEALTH DEPARTMENT
468 BIRDSEYE STREET
(Ph) 385-4090 (FAX) 381-2048

**This application must be submitted to the Health Department
10 days prior to the event.**

Name of event _____

Date/Time of event _____

Raindate _____

Location of event _____

Name of person in charge of this event

Address _____ Phone _____

Do you have a licensed facility in another town? Yes No
If yes, attach *last inspection report* and *current license*.

Name of establishment _____

Town _____

1. List in detail the type of event you would like to hold



2. List all food items and preparation needed for each

3. List where food will be stored and/or prepared prior to the event

4. When will food be delivered? _____

5. Where and when will food be purchased? _____

6. How will cold foods be kept cold?(below 45F) _____

7. How will hot foods be kept hot?(above 140F) _____

8. Describe hand-washing facility inside food booth in detail _____

9. Location of employee toilet facility _____



10. Describe how you will sanitize utensils, etc in your food booth?

11. Do you have test strips to verify the sanitizer? _____

12. What concentration (parts per million) must sanitizer be made to?

13. List how foods will be thawed _____

14. Explain in detail how food workers will limit excessive food handling _____

13. Will there be a Qualified Food Operator (QFO) present at the food booth?

Yes No

Name _____ Date of Exam _____

14. What will be done with the leftovers? _____

15. Will there be probe thermometer present to take internal temperatures of food products? Yes No

16. How will thermometers be sanitized after use? _____

17. Will thermometers be present in cold holding units? Yes No

***You must keep on file a list of employees who work in the food booth**

The undersigned owner agrees to abide by all State and Local Ordinances in regard to the dispensing of food and beverages with the understanding that failure to comply with the before mentioned may result in the revocation or the suspension of your food license. The undersigned has received a copy of the Guide for Temporary Food Services and will have all food service workers read the guide prior to working at the food booth.



Signature _____ Date _____

Application reviewed by: _____

Comments: _____

License mailed/given? _____ Date Approved _____ Fee Paid _____ Profit / Non Profit

Please sketch your food booth. Include locations of tables, grills, hand sinks, etc.

A large, empty rectangular box with a thin black border, intended for the applicant to draw a sketch of their food booth layout. The box is positioned centrally on the page below the text instructions.