



Town of Wallingford Health Department

45 South Main Street, Room 215, Wallingford, CT 06492
Phone: 203-294-2065; Fax: 203-294-2064
Email: healthclerk@wallingfordct.gov



Director of Health:
Vanessa Bautista,
MPH, R.S.

Temporary Food Establishment Permit Application

Per Wallingford Town Ordinance **§ 122-7A(2)(e)**, food vendors preparing / serving food at a Temporary Event open to the public must complete a Temporary Food Establishment Permit Application. This completed application must be submitted ten (10) working days prior to the Temporary Event start date. Late applications will result in late fees or the denial of a Temporary Food Establishment Permit. ***Itinerant Food Establishments annually permitted with the Wallingford Health Department do not need to complete this Temporary Food Establishment Permit Application.***

Applicant Name: _____ Date: _____

Business / Organization Name: _____

Mailing Address: _____

Phone Number: _____ E-Mail Address: _____

Certified Food Protection Manager Name: _____

Name of Event: _____

Date(s) / Time(s) Attending: _____

Address / Location of Event: _____

Temporary Event Coordinator Name: _____

Phone Number: _____ E-Mail Address: _____

Temporary Food Establishment Set-Up Plan

On a separate page, please provide a sketch / layout of your proposed set up for this event. **Photos are encouraged.**

Please include:

- Food preparation and service areas for specific offerings
- Separate raw and ready to eat food storage areas
- Refrigeration location(s) and type (i.e. mechanical refrigerators or coolers)
- Hot-holding location(s) (i.e. warming units, cambros, or sterno)
- Hand washing station(s) convenient to service, prep, and ware-washing areas
- Ware-washing area (if applicable)
- Above ground storage
- Chemical storage
- Electric generator or service (if applicable)

Please read the following requirement check list and check the applicable boxes. Staff will call for a consultation to discuss the requirements. You will be notified if an inspection will be required or your permit will be mailed.

- Approved water source (public water supply, bottled water, well water/current testing required)
- Handwashing set up (with free flowing spigot, antibacterial soap, paper towels, waste water pail, trash)
- Approved EPA registered food grade sanitizer w/appropriate test strips
- NSF digital thin probe thermometer w/ alcohol wipes
- Thermometers in each refrigeration unit (located at the front/warmest part of the unit)
- Three-bay sink or temporary set up (departmental discretion)
- Non-latex, food-grade gloves
- Proper clean attire, hats, and/or hair restraints
- Food worker/volunteer log sheet (to be kept for 2 weeks after event)
- Receipts for food purchased from an approved source (available upon request)
- Shellfish tags from approved source (kept for 90 days after event and stored in chronological order)
- Covered food preparation and service areas (fire-rated tents as applicable)
- Above ground storage for all food and supplies, extra utensils
- Single-service condiments or covered condiment dispensers
- Use of a licensed commissary kitchen may be required depending on your offerings and processes
- A Certified Food Protection Manager (if applicable based on class) must be present for the entirety of the event

I certify that I have read and understand the Temporary Food Establishment requirements:

Signature: _____

Printed Name: _____

Approved by: _____ Date: _____



Temporary Food Service Menu

Please provide your proposed establishment's menu. If a menu is unavailable, please use the following table to describe your proposed establishment's offerings:

Food Item #1 Name: _____ Approved Source: _____

Major Ingredients: _____

Preparation Location (Check One): Onsite Licensed Kitchen

Storage (Check One): Hot-Holding Cold-Holding

Food Item #2 Name: _____ Approved Source: _____

Major Ingredients: _____

Preparation Location (Check One): Onsite Licensed Kitchen

Storage (Check One): Hot-Holding Cold-Holding

Food Item #3 Name: _____ Approved Source: _____

Major Ingredients: _____

Preparation Location (Check One): Onsite Licensed Kitchen

Storage (Check One): Hot-Holding Cold-Holding

Food Item #4 Name: _____ Approved Source: _____

Major Ingredients: _____

Preparation Location (Check One): Onsite Licensed Kitchen

Storage (Check One): Hot-Holding Cold-Holding

Food Item #5 Name: _____ Approved Source: _____

Major Ingredients: _____

Preparation Location (Check One): Onsite Licensed Kitchen

Storage (Check One): Hot-Holding Cold-Holding



Food Item #6 Name: _____ Approved Source: _____

Major Ingredients: _____

Preparation Location (Check One): Onsite Licensed Kitchen

Storage (Check One): Hot-Holding Cold-Holding

Food Item #7 Name: _____ Approved Source: _____

Major Ingredients: _____

Preparation Location (Check One): Onsite Licensed Kitchen

Storage (Check One): Hot-Holding Cold-Holding

Food Item #8 Name: _____ Approved Source: _____

Major Ingredients: _____

Preparation Location (Check One): Onsite Licensed Kitchen

Storage (Check One): Hot-Holding Cold-Holding

Food Item #9 Name: _____ Approved Source: _____

Major Ingredients: _____

Preparation Location (Check One): Onsite Licensed Kitchen

Storage (Check One): Hot-Holding Cold-Holding

Food Item #10 Name: _____ Approved Source: _____

Major Ingredients: _____

Preparation Location (Check One): Onsite Licensed Kitchen

Storage (Check One): Hot-Holding Cold-Holding

If your menu for this event includes additional items, please list them on a separate page following the format above.



Temporary Food Establishment Worker Log

(Keep this for 2 Weeks after event for tracking potential food-borne illness)

Worker Name: _____ Date: _____

Hours Worked: _____ Job/Duties: _____

Mailing Address: _____

Phone Number: _____ E-Mail Address: _____

Worker Name: _____ Date: _____

Hours Worked: _____ Job/Duties: _____

Mailing Address: _____

Phone Number: _____ E-Mail Address: _____

Worker Name: _____ Date: _____

Hours Worked: _____ Job/Duties: _____

Mailing Address: _____

Phone Number: _____ E-Mail Address: _____

Worker Name: _____ Date: _____

Hours Worked: _____ Job/Duties: _____

Mailing Address: _____

Phone Number: _____ E-Mail Address: _____

Worker Name: _____ Date: _____

Hours Worked: _____ Job/Duties: _____

Mailing Address: _____

Phone Number: _____ E-Mail Address: _____



Worker Name: _____ **Date:** _____

Hours Worked: _____ **Job/Duties:** _____

Mailing Address: _____

Phone Number: _____ **E-Mail Address:** _____

Worker Name: _____ **Date:** _____

Hours Worked: _____ **Job/Duties:** _____

Mailing Address: _____

Phone Number: _____ **E-Mail Address:** _____

Worker Name: _____ **Date:** _____

Hours Worked: _____ **Job/Duties:** _____

Mailing Address: _____

Phone Number: _____ **E-Mail Address:** _____

Worker Name: _____ **Date:** _____

Hours Worked: _____ **Job/Duties:** _____

Mailing Address: _____

Phone Number: _____ **E-Mail Address:** _____

Worker Name: _____ **Date:** _____

Hours Worked: _____ **Job/Duties:** _____

Mailing Address: _____

Phone Number: _____ **E-Mail Address:** _____

If you have additional workers at this event, please list them on a separate page following the format above.



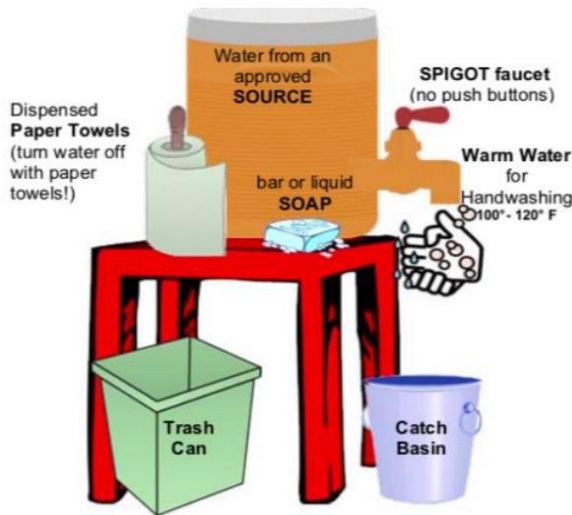
Additional Information for Temporary Food Establishments

Certified Food Protection Manager (CFPM):

Depending on the size and complexity of your event, the department may require a CFPM to oversee the operations of your event. Information on how to complete the required training can be found on the Town website listed as Certified Food Protection Manager approved testing organizations. Typically, for a large annual event, local volunteers with restaurant experience are used.

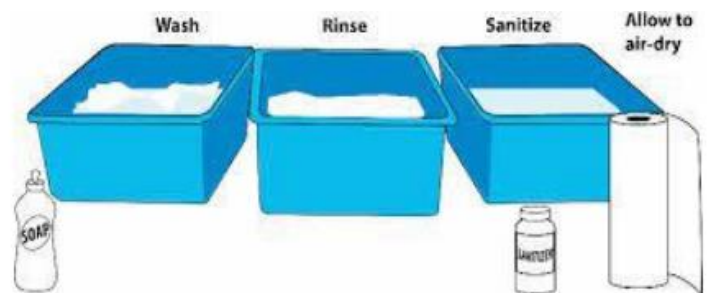
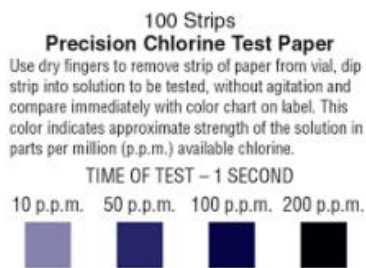
Handwashing:

Hand washing stations are required at each food prep area and must be convenient to all service and ware washing areas also. Restroom hand washing sinks may not be used to meet the requirement. Temporary hand washing set ups are encouraged.



Sanitization:

An approved EPA registered sanitizer must be on hand and actively in use for all food contact surfaces. Appropriate test strips must be on hand. The most commonly used sanitizers are EPA-registered, food-grade, chlorine bleach (50-100ppm) and quaternary ammonia (200-500ppm). Other approved sanitizers may be used. At the discretion of the Department, a temporary 3 bay sink set up may be required.



Required internal food temperatures (Digital thin probe thermometer required):

- Reheat temperature >165F
- Hot holding >135F
- Cold holding <41F
- Proper cooking temperatures will be discussed during consultation.

