Wilton Health Department

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Town Hall Annex

238 Danbury Road Wilton, CT 06897 P-203-563-0174 health@wiltonct.gov

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 a booth at a Temporary Event is \$100.

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 ADDRESS _		
BUSINESS/ORGANIZATION	NAME	
Non-Profit Yes No		
BUSINESS ADDRESS:		
MAILING ADDRESS (If Differ	ent)	
APPLICANT'S NAME	PHONE	FAX
*********	**********	*****
CONTACT PERSON AT EVEN	TT (QFO)	
CELL PHONE	E-MAIL	
LIST PRIMARY FOOD HAND	LER(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.

 List all food and beverage items to be prepared and served. NOTE: any changes to the menu must be submitted and appropriate the prepared and served. 	
2. Will all foods be prepared at the site? Yes	
No, food will be prepared at	which is a licensed food prep
If prepared outside Wilton, the operator MUST provide <u>a cop</u> <u>health dept. inspection</u> for the permanent food establishment	
3. Describe method used to maintain the proper temperatures of	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 shellfi source of the ice.	ish item. Include the

6. Describe the number, location and setup of hand washing facilities to be used by the T Establishment workers.	emporary Food
7. Describe where utensil washing will take place. If no facilities are available on site, de location of back-up utensil storage.	scribe the
8. Describe how and where wastewater from hand washing and utensil washing will be c and disposed.	ollected, stored
9. Where are the nearest rest room facilities?	
10. Describe the number, location and types of garbage disposal containers at the Tempo Establishment.	rary Food
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 ap	oplicable).

Drawing of Temporary Food Establishment

2025 BB

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 from the above without prior permission from the W	ation is correct. I fully understand that any deviation Vilton Health Dept. may nullify final approval.	
Signature:	Date:	
FOR OFFICE USE ONLY:		
Reviewed & Approved by:	Date:	
Permit Restrictions:		
DISAPPROVAL:	DATE:	
Reason(s) for Disapproval:		
any other code, law or regulation that may be requir		
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