



**Central  
Connecticut  
Health  
District**

2080 Silas Deane Highway, Suite 100, Rocky Hill, CT 06067

Phone: (860) 785-8380 Fax: (860) 785-8533

[www.ccthd.org](http://www.ccthd.org)

PUBLIC HEALTH for BERLIN, NEWINGTON, ROCKY HILL, & WETHERSFIELD

Date \_\_\_\_\_

**APPLICATION FOR MOBILE VENDOR LICENSE**

Expires annually on June 30

Town(s) of Operation: Berlin Newington Rocky Hill Wethersfield

Business Name \_\_\_\_\_ DMV Plate # \_\_\_\_\_  
(Business name must be on vehicle)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Business Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Name of Vehicle Operator \_\_\_\_\_ Business Hours Phone \_\_\_\_\_

Vending Hours (Day/Time) \_\_\_\_\_

Vending Locations/Stops \_\_\_\_\_

Type of Water Supply at Base of Operations: Public Private Well Water (recent water test results required)

Type of Sewage Disposal System: Public Sewer On-Site Subsurface System

Signature of Owner X \_\_\_\_\_ Date \_\_\_\_\_

**ANNUAL FEE** (Check one) Class category is confirmed by Health District- Please see detailed descriptions on pg 5

**Class I \$175.00**

**Class II \$285.00**

**Class III \$345.00**

**HEALTH DISTRICT USE ONLY**

Amount Paid: \_\_\_\_\_ Cash/Check/CC: \_\_\_\_\_  
Establishment # \_\_\_\_\_

Submit form and fee by mail to:  
Central CT Health District  
2080 Silas Deane Hwy Suite 100  
Rocky Hill, CT 06067  
OR  
Pay fee at [www.ccthd.org](http://www.ccthd.org) and e-mail application  
to applications@ccthd.org

## Central CT Health District Mobile Vendor Application Approval Page

Approval from the appropriate Town(s) must be obtained before a license will be issued.  
\*\*Signatures must be renewed annually by June 30\*\*

### I Will Only Be Vending at Temporary Events within the District

**Berlin** [www.Berlinct.gov/egov/documents/1438088793\\_55532.pdf](http://www.Berlinct.gov/egov/documents/1438088793_55532.pdf)

<u>Planning/Zoning Department</u>	<u>Police Department</u>
Signature	Signature
Printed Name	Printed Name
Date	Date

**Newington** [www.newingtonct.gov/DocumentCenter/View/10412/Vendor-Solicitor-Food-Truck-Application-Form?bidId=](http://www.newingtonct.gov/DocumentCenter/View/10412/Vendor-Solicitor-Food-Truck-Application-Form?bidId=)

<u>Planning/Zoning Department</u>	<u>Police Department</u>
Signature	Signature
Printed Name	Printed Name
Date	Date

**Rocky Hill** <https://rockyhillct.gov/369/Vendor-Solicitor-Permits>

<u>Planning/Zoning Department</u>	<u>Police Department</u>
Signature	Signature
Printed Name	Printed Name
Date	Date

**Wethersfield** <https://wethersfieldct.gov/DocumentCenter/View/842/Mobile-Food-Vendor-Permit-Application-PDF>

<u>Planning/Zoning Department</u>	<u>Police Department</u>
Signature	Signature
Printed Name	Printed Name
Date	Date

1. What foods will be prepared on and served out of the unit? (provide a menu)
  2. What is the source of the food to be dispensed? Provide the Name and address of the food distribution facility used.
  3. How will foods be kept hot or cold on the unit? (NOTE: The only accurate way to assure food temperatures are maintained safely at 135°F or above for hot foods or 41°F or below for cold foods is to use a metal stemmed probe thermometer.)
  4. How and where will utensils, pans, etc., be cleaned at the end of the day? Be specific.
  5. Describe the method of hand washing used at the unit.
  6. Describe screening used for food protection: (NOTE: In larger units where food is prepared inside, screening is required to prevent the entrance of insects.)
  7. Where and how are water tanks filled?
  8. Where is waste water disposed of?
  9. Where will excess food and paper products be stored?
  10. How will garbage from the vehicle and Base of Operations be disposed of?

## **BASE OF OPERATION DECLARATION FORM** (Revised 07/25)

Please use this form to provide the health district with required information on your base of operation.

\*Temporary Event and Farmers' Market Vendors – use this form only if food is prepared off site\*

Most itinerant food vending operations and some temporary food operations require a separate base of operation to prepare and store food items, wash and store equipment and to provide an approved location for discharging wastewater, discarding trash or supplying an approved source of water in advance of or following the food service activity or event. **A home kitchen cannot serve as a base of operation for a licensed food establishment**, so a separate commercial grade kitchen is needed that can be operated in compliance with the requirements of the food service establishment regulations in Connecticut Public Health Code Section 19a-36h-1 through 19a-36h-7. This can be accomplished by using an existing commercial kitchen that can accommodate your additional business needs, or by creating a new licensed commercial kitchen to support your food service operation.

### **Vendor/Applicant Information**

Business Name: \_\_\_\_\_

Owners Name \_\_\_\_\_

Mailing address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ email address \_\_\_\_\_

Operating as a (Check One)

Itinerant Vendor (annual license)

Seasonal Food Vendor (180 Day License)

Temporary Food Event (1-14 Day event)

Farmers' Market Vendor

### **Base of Operation Information**

**Please note:** The Base of Operation facility must be licensed and inspected by either the local health department/district or the Department of Consumer Protection (Cottage Food Operator) to be eligible to be used as a Base of Operations.

Please provide a copy of the most recent inspection as well as a copy of their license.

The base of operations is used for the following: (Check all that Apply)

Cold Food Prep       Cooking or Reheating       Cold Food Storage       Dry Food/Supply Storage       Ware Washing

Water Supply:  Public       Private Well (Provide recent water test analysis)

Waste/Wastewater Disposal:  Public       Sewer

Name of Kitchen: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone : \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ Owner email: \_\_\_\_\_

Owner of Base of Operations Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Classification of Food Establishments per the State of CT Public Health Code**

**Class 1 food establishment**" means a retail food establishment that does not serve a population that is highly susceptible to food borne illnesses and only offers (A) commercially packaged food in its original commercial package that is time or temperature controlled for safety, or (B) commercially prepackaged, precooked food that is time or temperature controlled for safety and heated, hot held and served in its original commercial package not later than four hours after heating, or (C) food prepared in the establishment that is not time or temperature controlled for safety;

**Class 2 food establishment**" means a retail food establishment that does not serve a population that is highly susceptible to food-borne illnesses and offers a limited menu of food that is prepared, cooked ad served immediately, or that prepares and cooks food that is time or temperature controlled for safety and may require hot or cold holding, but that does not involve cooling;

**Class 3 food establishment**" means a retail food establishment that (A) does not serve a population that is highly susceptible to food-borne illnesses, and (B) has an extensive menu of foods, many of which are time or temperature controlled for safety and require complex preparation, including, but not limited to, handling of raw ingredients, cooking, cooling and reheating for hot holding.

**Class 4 food establishment**" means a retail food establishment that serves a population that is highly susceptible to food-borne illnesses, or that conducts specialized food processes, including, but not limited to, smoking, curing or reduced oxygen packaging for the purposes of extending the shelf life of the food.