

TO: Sponsoring agency of events where food will be served

You, as the sponsoring agency for an event where food will be available to the public, are required to organize the food vendors by submitting a list of all participating food vendors to QVHD (form attached) along with each vendors completed Temporary Food License application and fee. Incomplete applications cannot be processed. The third page, identifying food workers, is to be returned after the event. Page 4 is to be posted in the booth throughout event.

The applications must be submitted to QVHD at least 7 days prior to the event (14 days prior to event for events having more than 10 food vendors). This allows time for QVHD to process the applications, prepare licenses, and to arrange inspections to assure that foods being prepared and served to the public are safe.

If an application is approved, QVHD will prepare a license, good only for the date(s) of the event. The vendor is approved only for foods identified in the application and for food safety methods identified in the last 3 pages of the application packet (handwashing station, hot and cold holding methods, proper food holding temperatures etc.). Inspections may be made the first day and during the event if event lasts multiple days. If an inspection reveals different food items or food safety measures identified in the application are not followed, the vendor will not be allowed to operate and will have the opportunity to correct any deficiencies before opening for service.

The complete application is attached. The application can also be found on QVHD's web site at <u>http://www.qvhd.org/temporary-food-events</u>.

Please Note: If a food truck will be at your event, the vendor must provide you a copy of a current Itinerant Food License issued by QVHD. If they are not currently licensed by QVHD as an Itinerant, you must submit their completed Temporary Food License application along with all the other participating food vendor applications.

If you have any questions, please call. Thank you for your anticipated cooperation.

Quinnipiack Valley Health District

A Regional Health Department Serving Bethany, Hamden, North Haven and Woodbridge, CT 1151 Hartford Turnpike . North Haven . CT . 06473 . tel (203) 248-4528 . fax (203) 248-6671 . www.qvhd.org



TEMPORARY EVENT SPONSORING AGENCY FORM

NAME OF EVENT:			
DATE (S) OF EVENT	:		
LOCATION:			
EVENT SPONSOR:_			
PHONE: ()	CELL: ($\mathbf{FAX}(\mathbf{O})$	
EMAIL:			
FOOD COORDINAT	OR:		
ADDRESS:			
PHONE:	CELL: ()	FAX ()	
EMAIL:			
	ay:Number of		(list below)
Electricity available: Y	N Public water available	e: Y N	

Attached location sketch of the following: Number of handwashing facilities:_____Number of public toilets:_____Number of employee toilets:_____Number of solid waste disposal receptacles:_____Number of liquid waste disposal receptacles:_____Number of oil disposal receptacles:_____

FOOD BOOTH INFO (Continue on separate paper if necessary)

NAME:	ADDRESS:	PHONE, FAX, EMAIL:	TYPE(S) OF FOOD:

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