



**CITY OF MERIDEN
HEALTH DIVISION
165 MILLER ST., MERIDEN, CT 06450
(PHONE) 203-630-4226 (FAX) 203-639-0039**

TEMPORARY FOOD SERVICE APPLICATION

Fee: \$20 (non-profit)
\$35 (profit)

Applicant: _____

Applicant Address: _____ Phone: _____

Name & Location of Event: _____

Date(s) of Event: _____

List **all** foods to be served: _____

Will all foods be prepared at the temporary food service booth? _____ yes _____ no

If no, provide name and address* of approved kitchen _____

* Include a copy of the current food service license if kitchen is not located in Meriden

NO HOME COOKED FOODS OR FOODS PREPARED IN AN UNAPPROVED FACILITY ARE PERMITTED

List each potentially hazardous food item and describe how and where each will be prepared.

Food _____ Prepared at _____ TFS Booth _____ Kitchen

Food _____ Prepared at _____ TFS Booth _____ Kitchen

Food _____ Prepared at _____ TFS Booth _____ Kitchen

continued on reverse

Food _____ Prepared at _____ TFS Booth _____ Kitchen

Food _____ Prepared at _____ TFS Booth _____ Kitchen

Food _____ Prepared at _____ TFS Booth _____ Kitchen

Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.

Requirements for temporary food service operations

1. A copy of the basic requirements for Temporary Events (yellow sheet) must be posted at the booth and signed by all workers.
2. A log book showing the name, address, phone number, date and time worked must be signed by all food handlers for each day of the event.
3. These documents must be retained and made available to the health division for examination upon request.

I certify that I have received and am familiar with the Guidelines for Food Service at Temporary Events of the Meriden Health Division and that the above described establishment will be operated and maintained in accordance with these guidelines and the Public Health Code of the State of Connecticut.

Applicant Signature: _____

Date: _____



for office use only

Application Date _____

Fee Paid _____ Receipt No. _____

Date Issued _____

Approved by _____