CITY OF MERIDEN
DEPARTMENT OF HEALTH & HUMAN SERVICES
165 MILLER ST., MERIDEN, CT 06450

(PHONE) **203-630-4226** ***(FAX)*** **203-639-0039**

TEMPORARY FOOD SERVICE APPLICATION

Fee: $25 (non-profit)
$50 (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 Department of Health & Human Services for examination upon request.

I certify that I have received and I am familiar with the Guidelines for Food Service at Temporary Events of the Meriden Department of Health & Human Services 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: _____

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