REQUIREMENTS FOR OBTAINING AN ITINERANT FOOD VENDOR LICENSE

This form, along with the following items must be submitted before your application can be processed.

____ A completed ITINERANT VENDOR INFORMATION SHEET
____ A completed FOOD ESTABLISHMENT LICENSE APPLICATION
____ A Proposed menu
____ A sketch of the vending vehicle floor plan
____ $175.00 license fee (fee will be reduced by 50% for those operating less than 6 months)
____ A copy of a current Certified Food Protection Manager (formerly QFO) certificate (For class 2 and 3 operations)
____ A vendor permit from the local police department may be required. Contact the local police department for more information.

Your itinerant truck and/or trailer will need an inspection before a license to operate can be issued. An inspection can be done without an appointment between the hours of 8:30-9:00 AM and 3:30-4:00 PM from Monday through Friday or by appointment by calling 203-248-4528. At the time of inspection please have your water storage tanks full and generators operating so that hot water, cooking and refrigeration facilities can be demonstrated.

Name of Food Vending Vehicle: ________________________________

License Plate # of Food Vending Vehicle: ________________________________

Open Date: ________________________________

Close Date: ________________________________

REVISED JAN 2019

Quinnipiac 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
# ITINERANT VENDOR INFORMATION SHEET

**DATE OF OPENING:** ________________  **DATE OF CLOSING:** ________________

**Name of Vending Vehicle:** ____________________________

**Operator:** ____________________________  **Address:** ____________________________

**Phone:** ________________  **Fax:** ________________  **Email:** ________________

**Name of Certified Food Protection Manager (If Applicable):** ____________________________

**Check type of operation:**
- [ ] Mobile operation
- [ ] Scheduled event(s)
- [ ] Stationary

Provide detail for scheduled events or stationary location (concerts on the green, farmers market etc):

<table>
<thead>
<tr>
<th>List all items on menu including condiments: (If application is approved, only foods listed here will be allowed.)</th>
<th>Where will food be purchased?</th>
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</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Water supply:</th>
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<tr>
<th>Waste water disposal:</th>
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<tr>
<th>How will cold food be kept cold (below 41°)?</th>
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<tr>
<th>How will hot food be kept hot (above 135°)?</th>
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<tr>
<th>Describe hand washing facilities:</th>
</tr>
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<tr>
<th>How will utensils, cutting boards, etc. be sanitized?</th>
</tr>
</thead>
</table>

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**FOOD ITEMS WILL BE STORED AND PREPARED ON VENDING VEHICLE**

**FOOD ITEMS WILL BE STORED AND PREPARED IN AN APPROPRIATE LICENSED FACILITY**

(Provide copy of license)

**Name and Address of Licensed Facility:** ____________________________

**Licensing Agency** ____________________________  **License Type** ____________________________  **#** ____________________________

**Note:** No preparation, cooking or storage of food can be done in a home kitchen.

**ATTACH A SKETCH OF VENDING VEHICLE AND MENU:** (to include location and identification of all equipment including hand washing facilities, dishwashing facilities, hot and cold holding facilities, work tables, cooking facilities, etc.)

At time of inspection have water storage tanks full and generators operating so that hot water, cooking and refrigeration facilities can be demonstrated.

REVISED January 2019

Quinnipiac Valley Health District
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1151 Hartford Turnpike  North Haven  CT  06473  tel (203) 248-4528  fax (203) 248-6671  www.qvhd.org
Quinnipiack Valley Health District

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Establishment Name: ___________________________________________  Phone: __________________________
Cell: __________________________
E-mail: __________________________
Fax: __________________________

Establishment Address: _______________________________________

Name of Permit Holder/Applicant: ___________________________  Owner ( ) or Manager ( )

Mailing Address if different than above: ___________________________
Phone ___________________________

For Class 2, 3 and 4 establishments only: (include copy of certificate)

Name of Certified Food Protection Manager : ( print name only)

The Certified Food Protection Manager is the person who has passed a test administered by a testing organization approved by the Connecticut Department of Public Health such as Serve Safe® and is in a full-time management position in your establishment. Class 2, 3 and 4 licenses will not be renewed without Certified Food Protection Manager information.

Licensing of food establishments that prepare, sell, or dispense food products is required by of the Regulations of this Health District and the regulations of the State Health Department. Per these regulations the applicable license fee covers one year. This license must be renewed on or before February 1st of each year and expires January 31st of the following year.

Fee: __________________________ Signature of Applicant: __________________________

FOR OFFICE USE ONLY

Fee Paid: __________________________  ID #: __________________________
License #: __________________________  Class: __________________________
Date: __________________________