



# Town of Darien

David Knauf, MPH, MS, RS

Director of Health

e-mail: [dknauf@darienct.gov](mailto:dknauf@darienct.gov)

## Health Department

### APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT

#### VENDORS

All vendors serving food and beverages to the public on a temporary basis are required to have a food service permit. The Fee for a food service booth at a Temporary Event (including at a Farmer's Market) is \$175. There is ***no fee*** for volunteer or municipal non- profit organizations such as church, civic club, fraternity and/or, charitable groups or for food service establishments already licensed and inspected by the Darien Health Department *when participating non-profit or charitable fundraising events.*

Please complete the permit application and return it to this office no less than 2 weeks prior to the event. **FAILURE TO SUBMIT A COMPLETED APPLICATION IN TIME MAY RESULT IN EXCLUSION FROM THE EVENT.**

NAME OF EVENT \_\_\_\_\_ Dates of the Event \_\_\_\_\_

EVENT LOCATION \_\_\_\_\_

Business/Organization Providing Food \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS (If Different) \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

\*\*\*\*\*

CONTACT PERSON AT EVENT (QFO) \_\_\_\_\_

CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

LIST PRIMARY FOOD HANDLER(S) AT EVENT

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

DATE/TIME OF SET-UP \_\_\_\_\_



# Town of Darien

David Knauf, MPH, MS, RS

Director of Health

e-mail: [dknauf@darienct.gov](mailto:dknauf@darienct.gov)

## Application for Temporary Food Service Permit (cont.)

*NOTE: A pre-opening inspection of the establishment with equipment in place and operational may be performed to determine compliance with the application as submitted.*

1. List **all** food and beverage items to be prepared and served. Attach a separate sheet if necessary. NOTE: any changes to the menu must be submitted and approved by the Darien Health Department

---

---

---

2. Will all foods be prepared at the site?

\_\_\_\_\_ **Yes**

\_\_\_\_\_ **No**, food will be prepared at \_\_\_\_\_ which is an approved food service and preparation facility permitted in the city/town of \_\_\_\_\_.

*NOTE: If food is to be prepared outside Darien, the operator **MUST** provide a copy of the permit/license for the facility where the food will be prepared.*

3. Describe method used to maintain the proper temperatures of food during transportation

- That need refrigeration \_\_\_\_\_
- That need to be kept hot \_\_\_\_\_

4. Describe the equipment that will be used to prepare and store food on site

---

---

5. Identify the sources for each meat, poultry, seafood, and shellfish item. Include the source of the ice.

---

---

---

6. Describe the number, location and setup of handwashing facilities to be used by food handlers

\_\_\_\_\_

7. Describe where utensil washing will take place. If no facilities are available on site, describe the location of back-up utensil storage.

\_\_\_\_\_

\_\_\_\_\_

8. Describe how and where wastewater from handwashing and utensil washing will be collected, stored and disposed.

\_\_\_\_\_

9. Where are nearest rest room facilities? \_\_\_\_\_

10. Describe the number, location and types of garbage disposal containers at the event:

\_\_\_\_\_

11. Describe the floors, walls and ceiling surfaces, and lighting within the Temporary Food Establishment, if applicable.

\_\_\_\_\_

12. Describe how electricity will be provided to the Temporary Food Establishment (if applicable).

\_\_\_\_\_

**Please provide a drawing of the proposed layout of your Temporary Food Establishment. Identify and describe all equipment including cooking and cold holding equipment, handwashing facilities, worktables, dishwashing facilities, food and single service storage, garbage containers and customer service areas.**

**NOTE: A complete application from establishments/vendors not located in Darien must include a copy of the current Food Service Establishment Permit from the permitting health department.**

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Darien Health Department may nullify final approval.

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

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

Reviewed & Approved by: \_\_\_\_\_ Date: \_\_\_\_\_