



CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Environmental Health Division
131 Coventry Street
Hartford, Connecticut 06112
Telephone: (860) 757-4760 Fax: (860) 722-6677
www.hartford.gov



Plan Review fee: Class 1 & 2 \$100.00; Class 3 & 4 \$200.00

PLAN REVIEW APPLICATION – MOBILE VENDOR FOOD SERVICE

Food service business name: _____

Name of owner(s) of business: _____

Mailing Address: _____

Home Address of owner if different _____

Owners Telephone number(s): _____ (home) _____ (cell)

E-mail address: _____

Proposed class 1 2 3 4

Is the owner/operator a certified Qualified Food Operator (QFO)? yes no

Name of approved examination for QFO _____

Method of cooking on site (check all that apply):

- | | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Steaming | <input type="checkbox"/> blanching | <input type="checkbox"/> roasting | <input type="checkbox"/> broiling |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> stewing | <input type="checkbox"/> barbeque | <input type="checkbox"/> grilling |
| <input type="checkbox"/> Boiling | <input type="checkbox"/> sautéing | <input type="checkbox"/> baking | <input type="checkbox"/> deep frying |
| <input type="checkbox"/> Brazing | <input type="checkbox"/> pan frying | <input type="checkbox"/> roasting | |

Foods for menu (check all that apply)

Fruit commercially packaged and pre-washed
washed and processed on site

Vegetable commercially packaged and pre-washed
washed and processed on site



List of foods that are leftover at the end of the business day: _____

How and where will you store the leftover food? _____

Where will you store extra paper goods and extra food? _____

How will you reheat leftover food? _____

Equipment (check boxes that apply for all equipment installed on the mobile unit.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Grill | <input type="checkbox"/> Coffee maker | <input type="checkbox"/> Steamer |
| <input type="checkbox"/> Hot holding unit | <input type="checkbox"/> Soup warmer | <input type="checkbox"/> Sandwich making unit (cold food) |
| <input type="checkbox"/> Deep fryer | <input type="checkbox"/> Oven | <input type="checkbox"/> Under counter refrigerator |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Freezer | <input type="checkbox"/> Thermal box |
| <input type="checkbox"/> Hand wash sink | <input type="checkbox"/> Food preparation sink | <input type="checkbox"/> Three compartment sink |

Chemicals (name of sanitizing chemical you will use on mobile unit.)

- | | | |
|-----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Quaternary ammonium | <input type="checkbox"/> Iodine |
|-----------------------------------|--|---------------------------------|

Water tank

How often is the water tank cleaned? _____

How do you clean the water tank? _____

You may not discard your wastewater into a storm drain or onto a street, or onto a driveway that runs into the street. Where do you dispose of the waste water?

Garbage (Dimensions [size] and brand of trash can you will have for your mobile vendor unit)

Where and how will you dispose of your garbage on the mobile vending unit?

Address _____

Name and address of food vendor personnel _____

Home mailing address: _____

Telephone number (home): _____ (cell) _____

E-mail: _____

Name and address of food vendor personnel _____

Home mailing address: _____

Telephone number (home): _____ (cell) _____

E-mail: _____

Name and address of food vendor personnel _____

Home mailing address: _____

Telephone number (home): _____ (cell) _____

E-mail: _____

The undersigned agrees to comply with all regulations and ordinances enforced by the City of Hartford Department of Health and Human Services. You must contact the Environmental Health Unit at 860-543-8816 if you propose further changes in menu, equipment, facility, or any of the above referenced information.

Owner/Operator Signature _____ Date _____

The following documents must be submitted for review:

- Proposed menu
- Detailed plan of mobile unit drawn to scale, (minimum ¼ inch = 1 foot) show location of equipment.
 - a. you may also submit photographs with the drawings
- Proposed equipment specifications
- Provide a detailed list of proposed method of food processing including cooking on the mobile unit.
- Name and address of base of operations.
- Copy of food license and most recent food service inspection report.
- If your business has more than one vehicle or cart, each vendor must be identified.

There shall be no home cooking, no home preparation, and/or no home storage of food offered on mobile vendor units. All foods must be obtained from a licensed and permitted wholesaler or food distributor. Where is the food purchased?

Name and address of base of operations:

You may not use city trash cans to dispose of your refuse. You must bring a waste can with you for your customers and remove the refuse from the site. Discarding your refuse in city trash cans may result in a fine, a ticket or revocation of your permit.

Type of water supply? public water well

Mobile vendors on private water supply wells must submit a complete water analysis of a report from a state certified laboratory prior to the issuance of an annual license.

List all locations you will make in Hartford and the time of day you will be at those locations.

1.

2.

3.

4.

5.

6.