



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



MOBILE VENDOR LICENSE APPLICATION

Name of Establishment _____ Establishment Phone _____

Address of Establishment _____

Name of Owner _____

If corporation, please list name of contact person

Owners Address _____

Owner Phone _____

CLASS 3 & 4 FOOD SERVICE ESTABLISHMENTS, COMPLETE THE FOLLOWING:

Name of Qualified Food Operator (QFO) _____

Approved Test Course _____

The QFO shall be onsite, in a supervisory position with authority, responsible for training all personnel, ensuring safe food handling practices and compliance with the CT Public Health Code Section 19-13-B48 and the Municipal Code of the City of Hartford.

Designated Alternate _____

YOU MUST SUBMIT A COPY OF THE COURSE CERTIFICATE (S) WITH THIS APPLICATION

ALL PAYMENTS BY CERTIFIED CHECK OR MONEY ORDER

All applications received after June 30th is subject to new application and late fees.

Sales & Use Tax I.D. # for State of CT _____

Applicant Signature _____

Date _____

-----**FOR OFFICIAL USE ONLY**-----

Classification: FEE FOR ALL MOBILE VENDORS: \$500.00

____ Class 1: PACKAGED FOOD ONLY

____ Class 2: COLD FOOD PREPARATION

____ Class 3: HOT FOOD COOK AND SERVE

____ Class 4: HOT FOOD, COOK/HOLD/COOL/REHEAT/SERVE

SANITARIAN SIGNATURE _____ **DATE** _____

COMMENTS:

