



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



TEMPORARY FOOD SERVICE EVENT (TFE) COORDINATOR'S APPLICATION

This form must be filed by the Temporary Food Event coordinator with all information requested. Please submit the completed application to this office 30 days prior to the opening event, with the event's map and list of food vendors. The Coordinator is responsible for collecting all food vendors' TFE Food Permit Applications (an application must be filled out by each Food Vendor) and payment submitted 15 days prior to the opening event to the Department of Health and Human Services, Environmental Health Division, 131 Coventry Street, Hartford, CT 06112.

This form is not a license.

(Temporary food permits will not exceed 1 to 5 days)

Name of Event _____

Location of Event _____

Date(s) of Event _____

Hours of Event _____

Name of Event Coordinator(s) (Business name) _____

Type of Coordinator:

Non Profit Organization* Restaurant Catering Mobile Others _____

*Submit the copy of certification of non profit organization

Address of Event Coordinator _____

Applicant /Contact Person of Event Coordinator _____ QFO Yes ___ No ___

Cell Phone # _____ Home Phone # _____ Work Phone # _____

E-Mail _____

Name of On – Site Coordinator1 _____ QFO (certification) Yes ___ No ___

Cell Phone # _____

QFO _____ (please check if on site coordinator is QFO and provide a copy of QFO certificate)

Name of On – Site Coordinator2 _____ QFO (certification) Yes ___ No ___

Cell Phone # _____

QFO _____ (please check if on site coordinator is QFO and provide a copy of QFO certificate)

Number of Food Vendors _____ Number of Participants (expected) _____

Food Service Vendors: (mark with number)

Licensed food service Establishment: Restaurant/ Organization # _____

Catering # _____ Mobile Food Vendor # _____ Others# _____

Is the food dispensing by the Food vendor _____ by volunteers of coordinator _____

Food Source* and Service Type (mark as needed):

Preparing and cooking on site (Yes) _____

Prepared at Licensed kitchen/ cook or serve on site (Yes) _____

Purchased precooked food and serve on site (Yes) _____ Commercial Prepackaged food (Yes) _____

Or others (describe) _____

* Food Source; all food must be purchased at wholesale food store, no home stored, prepared and cooked food allowed to be served to public at Temporary Food Events.

Sanitations (# number):

Bathroom w/ toilet # _____ Portable Sanitary Facilities # _____

Sanitary facilities are required for all events in the park or inadequate with public restroom location with 50 or more persons. ADA facilities are required at all events. (Guidelines: 500 participants = 2 regular and 1 ADA portable sanitary facility.)

List the company providing sanitation service: _____

Hand washing stations (# number):

for Public _____ # for Food Vendor _____

Hand washing stations with soap is required for the public.

Each vendor site must have a hand wash station with running water for food service participants.

List the company providing sanitation service: _____

Describe wastewater /grease disposal:

Collect by Service Company (if yes, give the name of comp.) _____

Disposal at on site facility (yes) _____, Bring back to Base of Operation (yes) _____

Describe Garbage disposal:

Collect by Service Company (name of the comp) _____

Disposal at on site facility (yes) _____, Bring back to Base of Operation (yes) _____

Amusement Rides and Animals* (describe) _____

Current rabies vaccination certificates must be available on site for all animals, without certificates the subject to immediate removal.

Other Concerns:

Charcoal Grill _____ Propane Tank Grill _____ Wood fuel _____

Electric equipment: Electric Generator _____ Cooking and/or hot holding equipment _____

Live Music: stage set on ground Tent set up (size and numbers) _____

Note: These concerns need approval from the Fire Marshall's office at (860) 757- 4530, Licenses and Inspections Division at (860) 757-9233, or the Department of Public Works at (860) 757-9968 for applicable permits.*

Each vendor must complete the Temporary Food Service Event Vendor Application. Application not received ten days prior to the event may not be accepted and the vendors may not be allowed to open for business.

The Department of Health & Human Services issues all permits for food service subject to passage of an onsite inspection. The event coordinator must make arrangements 5 days in advance with the department of Health & human services to determine the time of pre-opening inspection.

I will comply with the Connecticut public Health code and the Hartford Municipal Code.

Signature of Event Coordinator _____ Date _____

1. List of Vendors Attending Event (Attach additional sheets as necessary)

<u>Name of Vendors</u> (Business Name)	<u>Name of Contact</u> (Person's name)	<u>Phone #</u> (Work and Cell)	<u>Email</u>
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2. Drawing / Layout of Event set up (Attach additional sheets as necessary)