



TONY N. HARP  
Mayor

CITY OF NEW HAVEN  
COMMUNITY SERVICE ADMINISTRATION  
DEPARTMENT OF HEALTH  
BUREAU OF ENVIRONMENTAL HEALTH  
54 Meadow Street - 9<sup>TH</sup> Floor • New Haven • Connecticut 06519  
Phone 203-946-8174 • Fax 203-946-6509



**Additional Information Form**  
**for Itinerant Vendor Food Service License**

New Business  License Renewal

Name of Business \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

*All Class III Itinerant Vendors must have a Certified Qualified Food Operator (QFO). The certification must be accredited from a state approved testing agency for Connecticut.*

Qualified Food Operator (if applicable) \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Type of Itinerant Vending Cart/Truck: Push Cart  Stand-In

Location of Vending Cart/Truck when not in use: \_\_\_\_\_

Where is the food being purchased? Provide the store names and locations: \_\_\_\_\_

\_\_\_\_\_

Where is food product being stored? \_\_\_\_\_

*Food product must be stored in separate refrigerators/freezers than household food product and located in a sanitary environment.*

Where is food being prepared and cooked?

On the cart/truck  At a licensed food service establishment

**NO PREPARATION OR COOKING CAN BE DONE IN A HOME!!!!**

If food is not prepared and cooked on the cart/truck, provide the following:

Where is the food prepared? \_\_\_\_\_

Where is the food cooked? \_\_\_\_\_

\_\_\_\_\_

If the food is prepared and cooked at a licensed food service establishment provide the following:

- Name of facility: \_\_\_\_\_
- Location of facility: \_\_\_\_\_
- Owner of facility: \_\_\_\_\_
- A letter from the owner must be attached providing information regarding the storage, preparation, cooking, and transportation of the food product.
- A copy of the most recent food service license and inspection must be attached.

*Please contact this department for further information.*

**◆ALL FOOD PRODUCT MUST BE PROPERLY TRANSPORTED IN HOT/COLD HOLDING UNITS AT PROPER TEMPERATURES.**

**(COLD FOOD MUST BE 45°F OR LESS & HOT FOOD MUST BE 140°F OR MORE).**

**◆ALL COOKED FOOD PRODUCT MUST BE DISCARDED AFTER 4 HOURS.**

How will food product temperatures be maintained? \_\_\_\_\_

\_\_\_\_\_

How and where will grease be disposed? (if applicable) \_\_\_\_\_

\_\_\_\_\_

Please describe how and where your utensils/pots/pans are washed, rinsed and sanitized:

\_\_\_\_\_

\_\_\_\_\_

What are you using for hand washing? \_\_\_\_\_

Please attach the following to your food service application:

- Copy of Menu
- QFO Certificate (Class III only)
- Copy of Vending Permit or proof of payment

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that any false statements or other misrepresentations made on this application may result in immediate shutdown or revocation of my Food Service License for the City of New Haven.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Sanitarian: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE REVIEW THE ITINERANT VENDOR PACKET PROVIDED BY THIS OFFICE FOR FURTHER INFORMATION.**