



**TOWN OF WESTBROOK
HEALTH DEPARTMENT**

866 BOSTON POST ROAD
WESTBROOK, CONNECTICUT 06498
(860) 399-3046 • FAX (860) 399-2084

Temporary Food Service Permit Application

1) Event:

Name: _____

Location: _____

Date (s): _____ Time: _____

Sponsoring Organization: _____

2) Applicant:

Name of Organization: _____

Responsible Person: _____

Address: _____

Telephone: Daytime _____ Evening _____

3) List all items on the proposed menu: _____

4) What cooking facilities will be available?

5) How will potentially hazardous foods be maintained at the proper temperature (below 45° and above 140°)? **A metal stem thermometer is required to monitor temperatures.** _____

6) If the event is more than one day, how will the food be stored overnight? (Location and facilities): _____

7) If food is to be transported, how will this be done? **(No potentially hazardous food may be prepared in a home kitchen. All preparation must be done on-site or in an approved, inspected kitchen):** _____

8) If food is to be prepared off-site, list all preparation locations: _____

(Over)

9) What hand washing facilities will be available at the food service booth? _____

You will be issued a permit upon approval of your application &, if required, an inspection of your booth. You will not be allowed to serve food without first obtaining a permit from the Westbrook Health Department.

The fee for this application remains at twenty-five dollars (\$25.00) per commercial food vendor per event. This applies to all vendors, including already permitted restaurants. Please return the application along with the fee to Westbrook Health Department a minimum of two (2) weeks before the event.

Permit # _____

Date _____

Amount _____

Receipt # _____

Cash _____ Check # _____

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