

ASPETUCK HEALHT DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855 Telephone: (203) 227-9571 / Fax: (203) 221-7199

Fee:	\$85.00/year		
Paid:	Cash Check Other		

APPLICATION FOR A POP-UP CAFÉ PERMIT

Name of Business:						
Address of Business:			Town:	ZIP:		
Contact Person Name	e:					
Phone:	_ FAX:	E-mail: _				
Mailing Address:	Town/State/Zip:					
Date of Pop-Up	Start	End				
How will food be prote	ected during to	ransportation fror	n kitchen to cu	stomer?		
How will the Pop-Up b	pe protected f	rom potential airb	orne contamir	nates?		
Number of tables and		tio service				
Will patrons be allowed	ed to use your	restrooms (circle	e one) YES	NO		
Sewage Disposal Public Sewer : 3 are proposed?	Septic System	n – if sewage disp	oosal is via a s	eptic system, how man	y seats	
ON BACK SIDE OF T	HIS APPLICA	<u>ATION, SKETCH</u>	PATIO, TABL	E & SERVICE LAYOU	<u>T</u>	
I attest here that the information supplied here is accurate and correct.						
Signature:				Date:		
Print name and title: _						
	Fo	r Office Use Onl	у			
WWHD Permit Appro	val:	Date:		Valid From & To		
By:						
WWHD comments: _						