



Aspetuck Health District

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

PACKET A

All Fees are non-refundable.
FEE: \$165 Hot Foods
\$75 Cold Foods
\$1.00 Non-Profit
(provide proof of non-profit status)

Application To Operate a Temporary Food Service Booth

Name of Food Service Booth/Operation: _____

Street Address: _____

Town, State, Zip: _____

Mailing Address (if different from above): _____

Telephone: (____) _____ Fax: (____) _____

E-Mail Address: _____

Permittee/operator: _____

Details of Event:

Name of Event: _____

Date(s) of Event: _____ Anticipated Attendance (Total) _____

Hours of Operation: _____

Hours of Food Service: _____

Location of Event: _____

Event Coordinator/Contact: Telephone: _____ Email: _____

Food Booth Certified Food Protection Manager (provide current copies, ex, ServSafe): _____

Telephone: (____) _____

Directions:

The operator of each Temporary Food Event site or booth must complete this application. The application must be completed and submitted with payment to the Aspetuck Health District at least 14 business days before the event.

If a temporary food permit application is submitted less than 14 business days before the event is scheduled, a late fee of \$55 will be applied to any other required fee.

In addition to the information requested above, each operator must complete and return Attachments 1 and 2.

_____ For Office Use Only _____

Date Application Approved:	Date Permit Issued:	Date Mailed/Delivered
By:	By:	By:

Notes/Conditions:

Please fill in the information below:

1. Using Attachment 1 - Draw the set-up and identify all equipment including hand washing facilities, dishwashing or utensil washing facilities, cooling facilities, hot and cold holding equipment, worktables, food/single service storage, grills, etc.
2. Using Attachment 2 – Menu Plan, list all food and beverage items to be prepared and served and/or sampled. (NOTE: Any changes to the menu must be submitted to and approved by the Aspetuck Health District at least 10 days prior to the event.)
3. Will all foods be prepared at the Temporary Food Event or Booth site?

___ Yes

___ No

If you answered No above and the facility is not licensed in Westport, Weston, or Easton, provide a copy of the current license for the food establishment where the food will be prepared.

A. Where will your food supply be purchased? (i.e. Restaurant Depot, Stop & Shop, etc.) _____

4. Describe (be specific) how food will be transported at temperature and protected during transportation to the event:

5. Describe how food will be stored at the event (minimum of 6 inches off ground).

B. How will cold food be kept cold (below 41°)? How will hot food be kept hot (above 135°)? _____

6. Describe how temperatures of hot and cold foods will be monitored during the event.

7. Describe your set-up for hand washing.

8. Describe where and how cleaning and sanitizing of utensils, cutting boards, and other food contact surfaces will take place. Also describe provisions for backup utensils.

C. Location of employee toilet facility: _____

D. Where is your water supply obtained from? (also state if city water, private well, bottled water, etc.), Wastewater disposal location:

9. Please add any additional information about your event or Booth that should be considered.

10. Using Attachment 3 – “Employee Volunteer Sign-in Sheet,” record the names, phone numbers, shifts to be worked during the event and the assigned duties of all Temporary Food workers (paid and volunteer).

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Aspetuck Health District may nullify approval.

Signature _____ Date _____

For Office Use Only

Approval of these plans and specifications by the Aspetuck Health District does not indicate compliance with any other code, law or regulations that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the structure or equipment. A pre-opening inspection, with equipment in place and operational, may be necessary to determine if it complies with the local and state laws governing temporary food service establishments.

APPROVAL **DISAPPROVAL** **Effective Date:** _____

Permit Conditions & Restrictions or Reasons for Denial:

Reviewer Signature and Title: _____ **Date:** _____



Attachment 2: Menu *Plan and Food Preparation Summary*

Please complete the table below

List all food/beverages to be prepared/served – use *back if necessary*

All Food Items	Food Source	How served		Preparation List All Steps Where Applicable	Date and Time of Food Prep
		HOT	COLD		
Example: Grilled Chicken	ABS Supermarket 250 Main St., Milford	X		Marinate chicken in refrigerator, cook to order 7 min each side	5/2/2025, 11:00 am



Attachment 3: Temporary Food Event - Employee/Volunteer List and Sign-in Sheet

(Return to Aspetuck Health District after the event,
180 Bayberry Lane, Westport, CT 06880)

Event Name: _____

Name of Booth/Vendor: _____

<i>Date</i>	<i>Name (Please Print)/Job Duty</i>	<i>Phone No.</i>	<i>Time In</i>	<i>Time Out</i>

*The applicant is responsible for maintaining a complete and current list, including addresses and phone numbers, of employees and volunteers working at each food booth and at any off-site kitchens. Failure to comply with this regulation may result in revocation of the food permit.



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TEMPORARY FOOD SERVICE FACILITY

Attachment 4: Sampling Sheet

List all sampling items and the ingredients for the sampling items. List the items that will be used to sample products: i.e., crackers, chips, pretzel sticks.

Item to be sampled (Include ingredients & sampling method)	Source (where purchased)	Date to be purchased
Example: Onion dip; dried soup mix, sour cream will be sampled with pretzel sticks.	BJ's Warehouse	June 10, 2025