



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880  
T: 203-227-9571 F: 203-221-7199 W: [www.aspetuckhd.org](http://www.aspetuckhd.org)

Fee: \$95.00/year

Paid: Cash ☐  
Check ☐  
Other ☐

### APPLICATION FOR A POP-UP CAFÉ PERMIT

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

Address of Business: \_\_\_\_\_ Town: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town/State/Zip: \_\_\_\_\_

Date of Pop-Up: Start \_\_\_\_\_ End \_\_\_\_\_

How will food be protected during transportation from kitchen to customer?  
\_\_\_\_\_

How will the Pop-Up be protected from potential airborne contaminants?  
\_\_\_\_\_

Number of tables and chairs for patio service \_\_\_\_\_

Will patrons be allowed to use your restrooms (circle one) YES NO

#### Sewage Disposal

☐ Public Sewer ☐ Septic System – if sewage disposal is via a septic system, how many seats are proposed? \_\_\_\_\_

ON BACK SIDE OF THIS APPLICATION, SKETCH PATIO, TABLE & SERVICE LAYOUT

*I attest here that the information supplied here is accurate and correct.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print name and title: \_\_\_\_\_

\_\_\_\_\_ **For Office Use Only** \_\_\_\_\_

AHD Permit Approval:	Date:	Valid From & To
By:		

Comments: \_\_\_\_\_