PACKET F-S

$ 45 Cold Foods
$ 100 Hot Foods
All Fees are
Non-Refundable

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

Application For Farmers Offering Samples of Processed Fruits, Vegetable, or Other Products.

Name: _____ **Farm Name:** _____

Mail Address: _____

Town, State, Zip: _____

Farm Address: _____

Telephone: (_____) _____ **Fax:** (_____) _____

Details of Event:

Name of Event: _____

Date(s) of Event: _____Hours of Operation _____

Location of Event: _____

List products to be sold: _____

_____

E-Mail Address: _____

Directions:

All farm and/or products produced under Connecticut's Cottage Food Regulations the applicant must attach a copy of their Department of Agriculture and/or Consumer Protection license/approvals. The application must be completed and submitted with payment to the Aspetuck Health District 14 business days prior to the start of the Market.

If an event application is submitted less than 14 business days before the event is scheduled, a late fee of **$60** will be applied to any other required fee.

For Office Use Only

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

Notes/Conditions:

Please fill in the information below:

1. Will all foods be prepared at the Temporary Food Event or Booth site?

____ Yes ____ No

For all food items, complete Attachments 1 ***Menu Plan and Food Preparation Summary*** (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.

2. Describe (be specific) how food will be protected during transportation to the event and how product temperatures will be properly maintained.

_____

_____

3. Describe how food will be stored at the event (minimum of 12 inches off ground).

_____

_____

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

_____

_____

5. Describe your set-up for hand washing. _____

_____

6. Describe where and how cleaning and sanitizing of utensils, cuttings boards, and other food contact surfaces will take place. Also describe provisions for backup utensils (sanitized test strips must be available).

_____

_____

_____

7. Please provide any additional information about what you will be doing that should be considered.

_____

_____

_____

_____

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 regulatory office may nullify final approval.

Signature (s)_____

Signature _____ Date _____

Attachment 1: ***Menu Plan and Food Preparation Summary***

1. List all menu items and the ingredients for each menu item (see example below). Highlight potentially hazardous items, including meat, fish, eggs, poultry, cut melon, cooked rice or macaroni, baked potatoes, butter, milk, cheese, or other dairy products, tofu, sprouts, garlic in oil mixtures, or any food containing these ingredients. Include beverages and ice if it will be an ingredient in foods or beverages.
2. List the source (where it will be purchased and when).

Menu items/ingredients (Describe: canned, frozen, fresh, form)	Source (Where purchased)	Date Purchased	Frozen or Fresh	Prepared Where & How	Holding Cold or Hot
Example:					
Baked Potatoes w/cheese					
Fresh Idaho potatoes	**JB's food warehouse**	**8/10/01**			
Cheese Whiz Sauce	**JB's food warehouse**	**8/10/01**			

Menu items/ingredients	Source	Date	Frozen or	Prepared	Holding

(Describe: canned, frozen, fresh, form)	(Where purchased)	Purchased	Fresh	Where & How	Cold or Hot