

PLAINVILLE-SOUTHINGTON REGIONAL HEALTH DISTRICT

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PLAINVILLE, CT 06062
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APPLICATION FOR TEMPORARY FOOD SERVICE ESTABLISHMENT (TFE) PERMIT

Application Date: _____ Date(s) of event: _____

Name of TFE (booth / tent name): _____

Name of event: _____

Location of event: _____

Hours of TFE operation: _____

Name of applicant: _____

Mailing address of applicant: _____

Phone # of applicant: _____

Name and phone # of person(s) in charge: _____

List all foods/beverages being prepared/service (or submit a menu): _____

Will all foods be prepared on site at the TFE? Yes _____ No* _____

*If no, the applicant must provide a copy of the current license/permit for the permanent food establishment where the food will be prepared, unless the permanent establishment is permitted by the Plainville-Southington Regional Health District. Where will food be prepared? _____

*If selling packaged food, will you be serving samples? _____ Describe: _____

Source of potable water supply for TFE: _____

The information I have provided above is true and accurate to the best of my knowledge. I understand that this Health District must approve any change in the operation, prior to its implementation. I will comply with all federal, state and local laws, regulations, and ordinances. I clearly understand that the TFE is subject to inspection at any time, and the TFE permit issued by this Health District may be suspended or revoked at any time without notice.

Signature of applicant: _____ Date: _____

Print applicant name: _____

FOR OFFICE USE ONLY:

Amount paid: \$ _____ Date Paid: _____ Approved by: _____

(1 day - \$50, 2 days - \$75, 3-14 days - \$100; Special Event (14 day max.): \$75, not-for-profit - \$0)