

NEWTOWN HEALTH DISTRICT DEPARTMENT OF HEALTH
(203) 270-4291

TEMPORARY EVENT APPLICATION
NEWTOWN ARTS FESTIVAL
September 26 - 27, 2020

Mail completed applications to: Andrea Spencer
Arts Commission
3 Primrose Street
Newtown, CT 06470

Application deadline: Friday, August 21, 2020

Fee: \$25.00 Payable to Newtown District Department of Health

Applicant:

Business Name:

Mailing Address:

Email Address:

Phone Number:

1. List **all** foods and beverages that will be served or provide a copy of the proposed menu:
2. Where and when will food be purchased? Provide receipts if requested.
3. Where will food be stored prior to event?
4. How will cold food be held at 41°F or less throughout the duration of the event?
5. Where will food be prepared?
6. Once prepared, how will hot food maintain a temperature of 135°F or greater throughout the duration of the event?

7. Specify sanitizing agent: Circle one: Chlorine or Quat
 ▶ provide test strips
8. Specify water supply - Circle one: public water or well.
9. Specify waste water disposal plan (where do you discard the grey water):
10. Specify waste oil disposal plan (if applicable):

Provide the following in an attachment:

- A current copy of the Food Service License issued to the Food Truck by local Health Department.
- If any menu items are prepared anywhere other than the truck, provide the location (address) of the Servicing Area – a fixed facility where food is prepared and stored prior to transportation to the event
- A copy of the Certified Food Protection Manager certificate for the individual working on the truck on the day of the event
- A diagram of the food truck including: cooking equipment, refrigeration, hot holding equipment, hand washing, warewashing, food preparation areas, storage of paper and cleaning supplies

The undersigned agrees to abide by all State and Local Ordinances in regard to the dispensing of food and beverages with the understanding that failure to comply with the before-mentioned may result in revocation or the suspension of your Temporary Food License.

Signature:

Date:

Application reviewed by:

Date Approved:

Fee paid:

NEWTOWN DISTRICT DEPARTMENT OF HEALTH
Newtown Arts Festival 2020
Worker Registry
(Retain for 90 days)

Business Name: _____

Provide contact information for each person working your booth / truck

NAME & ADDRESS	PHONE NUMBER / EMAIL

*****Food must be prepared and stored *inside* the food truck*****

_____ hand wash station: equipped with potable water, soap & paper towels

_____ a properly calibrated thermometer

_____ sanitizing test strips

_____ non-latex gloves for food handling / sampling / serving

_____ water / ice from an approved source (provide receipts)