

North Central District Health Department

- Enfield - 31 North Main Street, Enfield, CT 06082 - (860) 745-0383 FAX 745-3188
- Vernon - Room 120, 375 Hartford Turnpike, Vernon, CT 06066 - (860) 872-1501 FAX 872-1531
- Windham - Town Hall, 979 Main Street, Willimantic, CT 06226 - (860) 465-3033 FAX 465-3032
- Stafford - Town Hall, 1 Main Street, Stafford Springs, CT 06076 - (860) 684-5609 FAX 684-1768

DECLARATION OF BASE OF OPERATION

This form must be submitted to the Health Department with your application for permit.

PLEASE PRINT CLEARLY

Date: _____

Mobile Vendor Business Name: _____

Mobile Vendor Owner/Operator Name: _____

Business Name of Base of Operation: _____

Address of Base of Operation: _____

Owner of Business Used as Base: _____

Owner's e-mail Address _____

Telephone Number of Base of Operation: _____

Zoning Approval: _____

Police Department Approval: _____

THE FOLLOWING PORTION TO BE FILLED OUT BY THE OWNER OF THE FOOD ESTABLISHMENT USED AS THE BASE OF OPERATION.

I, _____ attest that my licensed food establishment
Owner of food establishment used as base

known as _____ is available as the base of operations for
Name of food establishment

_____ owned by _____
Name of Mobile Vendor Business Owner of Mobile Vendor Business

Signature of Owner of Food Establishment

*****REMEMBER TO INCLUDE A COPY OF THE BASE OF OPERATION VALID FOOD PERMIT ISSUED BY THE LOCAL HEALTH DEPARTMENT*****