



North Central District Health Department

- Enfield—31 North Main Street, Enfield, CT 06082 * (860) 745-0383 Fax (860) 745-3188
- Vernon—375 Hartford Turnpike, Room 120, Vernon, CT 06066 * (860) 872-1501 Fax (860) 872-1531
- Windham—Town Hall, 979 Main Street, Willimantic, CT 06226 * (860) 465-3033 Fax (860) 465-3034
- Stafford—Town Hall, 1 Main Street, Stafford Springs, CT 06076 * (860) 684-5609 Fax (860) 684-1768

Patrice A. Sulik, MPH, R.S.
Director of Health

Date _____

APPLICATION FOR MOBILE VENDOR LICENSE

Name on Vehicle _____

Name of Owner of Vehicle _____ E-mail: _____

Address of Owner _____ Phone No. _____

Mobile Vendor Plate No. _____

Name of Vehicle Operator _____

Vehicle Operator Phone No. _____ E-mail: _____

Business Hours _____

Business Locations _____

Location of Base of Operations _____

Type of Water Supply at Base of Operations: Public Water _____ Private Well Water _____

Type of Sewage Disposal System: Public Sewer: _____ On-Site Subsurface System _____

Applicant's Signature _____

Applicant's e-mail Address _____

(FOR OFFICE USE ONLY)

License No. _____ Type of License _____ Fee Paid \$ _____

QFO Required ____ Yes ____ No Operator QFO Certified: ____ Yes ____ No

Date of License _____ Approved _____ Disapproved _____

FEE: Two wheel push carts - \$100.00/Four wheel mobile trucks - \$200.00

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1. What foods will be prepared, cooked and served out of the unit? _____

2. What foods will be prepared, cooked and possibly cooled at the Base of Operations? _____

3. What is the source of the food to be dispensed? Provide the Name and address of the food distribution facility used.

4. How will foods be kept hot or cold on the unit? (NOTE: The only accurate way to assure food temperatures are maintained safely at 140°F or above [for hot foods] or 45°F or below [for cold foods] is to use a metal stemmed probe thermometer.)

5. How and where will utensils, pans, etc., be cleaned at the end of the day? Be specific. _____

6. Describe the method of hand washing used at the unit. _____

7. Describe screening used for food protection: (NOTE: In larger units where food is prepared inside, screening is required to prevent the entrance of insects.)

8. How are water tanks filled? Where is waste water disposed? _____

9. Where will excess food and paper products be stored? _____

10. How will garbage be disposed on the units and at the Base of Operations?

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11. Is this mobile unit a commercially constructed unit? _____
12. What is covering the floor, walls and ceiling inside the unit? _____

13. Has this mobile unit been inspected and/or licensed by another Health Department? If yes, please identify. _____

14. Please provide a sketch of the mobile unit, drawn to scale, and include all equipment and equipment make and/or model specifications/information. All equipment must be commercial, NSF approved. Also please provide any pictures of this mobile food unit. Use attached graph paper for sketch.

Please contact the North Central District Health Department at least forty-eight (48) hours in advance to have the mobile vending unit inspected prior to licensing or relicensing.

6/21/17

