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**CITY OF STAMFORD  
DEPARTMENT OF HEALTH  
STAMFORD GOVERNMENT CENTER  
888 WASHINGTON BOULEVARD  
P.O. BOX 10152  
STAMFORD, CT 06904-2152**

**TO:** All Temporary Food Service Vendors

**RE:** Submission of Temporary Food Service Applications

Dear Vendors:

As indicated in the Stamford Health Department "Checklist for Temporary Food Service Booths," a completed set of the temporary food service application forms must be submitted a minimum of 14 days prior to the event with 5 or less food booths; more than 5 food booths a minimum of 21 days prior to the event, the application form must be submitted to the Stamford Health Department.

Verbal phone contacts to members of the Stamford Health Department are not a substitute for a written application which must be submitted prior to the event as indicated above.

Sincerely,

Jennifer Calder, DVM, MPH, PhD, CHSV  
Director of Health



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**Application for Food Service Establishment License**  
**Year: \_\_\_\_\_**

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Email Address of Establishment: \_\_\_\_\_

Name of Owner and / or Chief Corporate Officer & Title:  
\_\_\_\_\_

Name of \_\_\_\_\_:  
\_\_\_\_\_

Home and Business headquarters address of Owner and/ or Chief Corporate Officer:  
\_\_\_\_\_

Phone # of the Owner: \_\_\_\_\_

Email Address of the Owner: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ (Exact number of seats)

Liquor Served: Yes \_\_\_ No \_\_\_

Certified Food Protection Manager: Yes \_\_\_ No \_\_\_; if yes Total \_\_\_

**Change of Ownership**  Requires additional Documentation.

*Failure to notify the Department of Health of any transfer or change of ownership within 48 hours of such change may result in immediate closure or delayed establishment licensure.*

Signature of { } Owner or { } Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
(Month/Day/Year)

Reviewed by: \_\_\_\_\_

Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
(Month/Day/Year)

**NOTES: Application and license fee must be received by the Department of Health before January 1, 20\_\_ deadline. All payments must be made payable to "CITY OF STAMFORD" Department of Health, 888 Washington Boulevard, P.O. Box 10152, Stamford, CT 06904-2152. Your nontransferable license will be made available to you after processing.**

Annual License Fee (Check appropriate category)	
Seating Capacity (1 – 15)	\$34.00
Seating Capacity (16 – 25)	\$79.00
Seating Capacity (26 – 50)	\$171.00
Seating Capacity (51 – 100)	\$338.00
Seating Capacity (101 – 150)	\$508.00
Seating Capacity (151 – 200)	\$677.00
Seating Capacity (201 – 250)	\$847.00
Seating Capacity (251 – 300)	\$1,014.00
Seating Capacity (>301)	\$1,185.00
Take Out	\$338.00
Caterers	\$508.00
Itinerant Food Vendor	\$847.00
Temporary License 14 days	\$79.00
Public & Private Org. & Churches	\$1.00
Non Profit Org. & Churches	\$1.00
Temp. License (Non-profit)	\$1.00
Itinerant Food Vendor, Veteran	\$0.00



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**PLEASE TYPE OR PRINT LEGIBLY:**

By providing the following information, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful and smooth operation.

1. Name of event : \_\_\_\_\_

2. Dates of event: \_\_\_\_\_

3. Location of event: \_\_\_\_\_

4. Time of set-up: \_\_\_\_\_

5. Time of event: \_\_\_\_\_

6. Name of sponsoring organization or company: \_\_\_\_\_

\_\_\_\_\_

7. a. Number of Food Booths: \_\_\_\_\_

b. Names and contact numbers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Expected number of patrons: \_\_\_\_\_

9. Names of event coordinators/responsible individuals on-site:

\_\_\_\_\_

\_\_\_\_\_

10. Describe proposed Rest Room facilities (type, number, location):

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11. Will electricity be provided to the food booths? \_\_\_yes \_\_\_no

12. Describe potable water supply:

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13. Describe wastewater disposal system:

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14. Describe garbage disposal:

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15. MENU: List ALL items. Any changes must be submitted and approved by Stamford Health Department: \_\_\_\_\_

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16. Will any foods be prepared at home? Please list: \_\_\_\_\_

17. Fill out Attachments A &/or B: (Refer to pages 3 & 4)

18. Draw a sketch of the event area (refer to pages 5 & 6): include toilet facilities, garbage facilities, all food booths and preparation sites on the grounds of the event including all equipment, hand washing facilities, work tables, refrigerators, dry goods storage, & etc. No changes on this approved plan can be made unless the Health Department is notified and changes are given approval.

19. I certify that I am familiar with Food Service Regulations of the Stamford Health Department and the above-described establishment will be operated and maintained in accordance with the regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
(Month/Date/Year)

**ATTACHMENT A**  
**Food Preparation at the Temporary Food Establishment**

List each food item and identify where each preparation procedure which will take place at the Temporary Food Establishment.

<b>FOOD</b>	<b>THAW How?/Where?</b>	<b>CUT/WASH ASSEMBLE Where?</b>	<b>COLD HOLDING How?/Where?</b>	<b>COOK How?/Where?</b>	<b>HOT HOLDING How?/Where?</b>	<b>REHEATING How?/Where?</b>	<b>COMMERCIAL PREPORTIONED PACKAGE</b>

## ATTACHMENT B

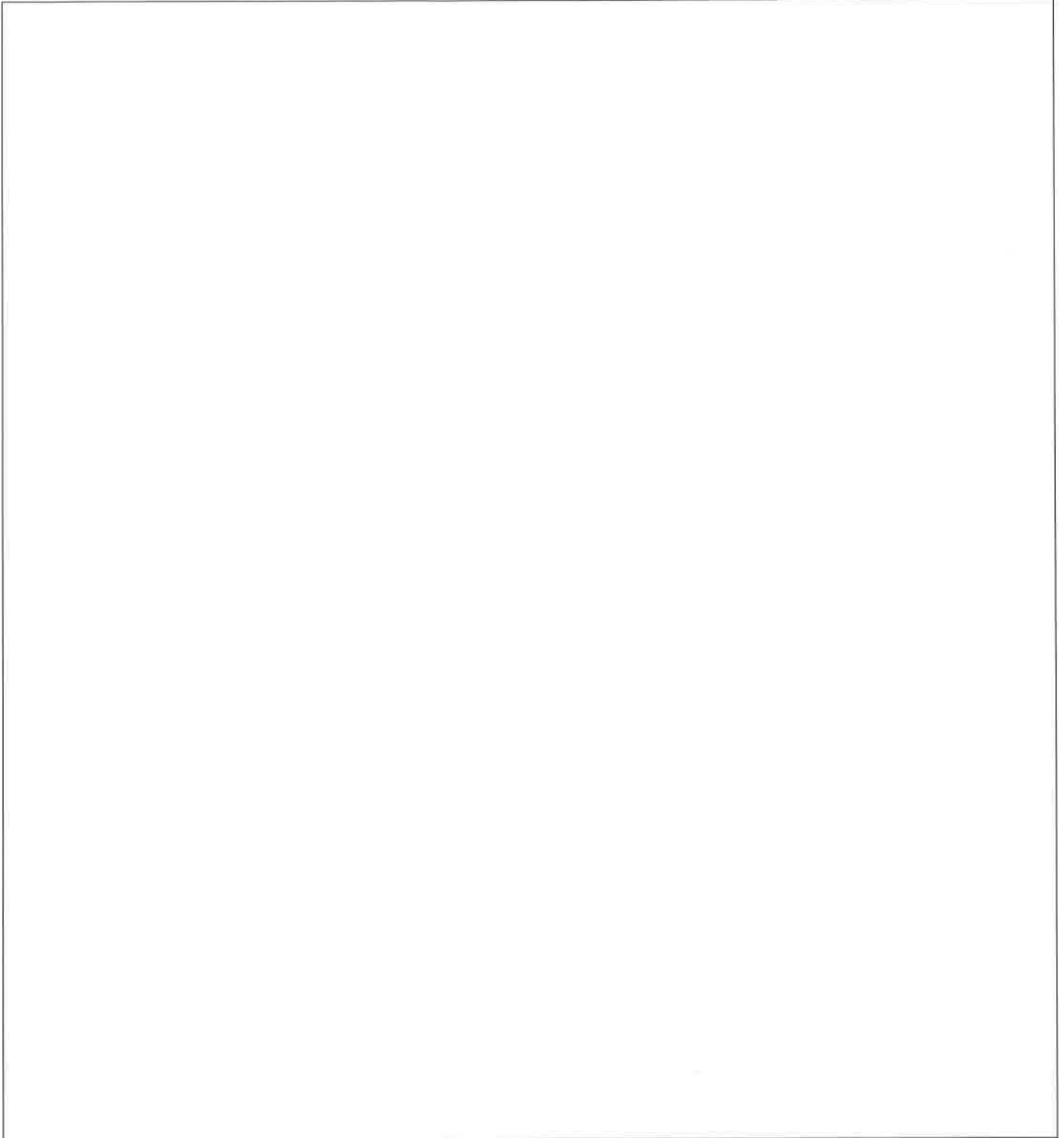
### Food Preparation at the Licensed Permanent Food Establishment

List each food item and identify the preparation procedure which will take place at the Permanent Food Establishment.

FOOD	THAW How?/Where?	CUT/WASH ASSEMBLE Where?	COLD HOLD How?/Where?	COOK How?/Where?	COOL How?/Where?	HOT HOLDING How?/Where?	REHEATING How?/Where?	DELIVERY TO TEMPORARY EVENT

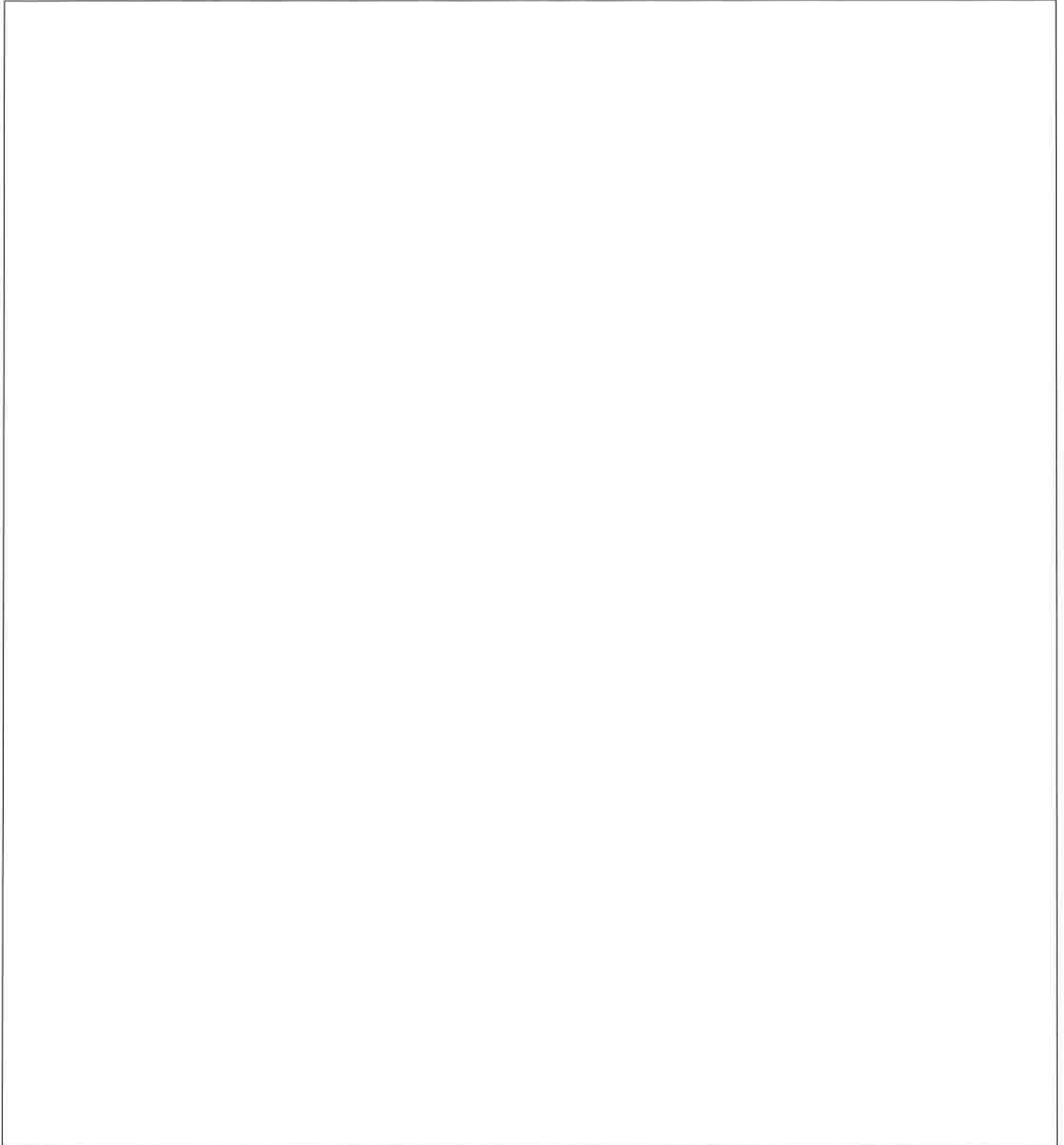
## Sketch Sheet I

In the following space, provide a drawing of the Temporary Food Establishment, identify and describe all equipment including cooking and cold holding equipment, hand washing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, and customer service areas.



## Sketch Sheet II

In the following space, provide a drawing of the entire Temporary Event Area including locations of the toilet facilities, garbage facilities, common use dishwashing facilities, and all food preparation and service areas on the grounds/site of the Temporary Food Event.

A large, empty rectangular box with a thin black border, intended for a hand-drawn sketch of the Temporary Event Area. The box occupies most of the page below the instructions.