

FAMILY DAY ENTERPRISES, INC.
“FAMILY DAY”
AUGUST 20th, 2011

FOOD VENDOR APPLICATION*

We at **Family Day Enterprises** are really excited! The 26th **Family Day** will emphasize the **economic vitality** and opportunities within the **Greater Hartford Community**. We thank you for working with us to revive **Community Spirit** and **Keney Park**.

SETUP TIME: 9:00 SHARP!!!!, CITY INSPECTION TIME: 11:00 SHARP!!!!

Badges, Parking Passes and Location assignments should be picked up on 8/19/11 Between 6pm and 8pm at the Woodland St Entrance to Keney Park.

Please Print All Information.

Business Name: _____

Type Of Business: _____

Licensed Vendor: YES () NO () # _____

Type of Food* to be sold: _____

Your Name / Contact Name: _____

Address: _____

Phone: _____ FAX: _____

E-Mail: _____

PLEASE SELECT SPACE SIZE YOU WILL NEED TO VEND. CHECK ONE BOX:

Free Standing Space: 100 Square Ft. Or (10' by 10') Space

Truck, Bus, or Business Vehicle (Space to Be Determined)

Booth Fee: \$175.00

(WE WILL PROVIDE 1 8ft TABLE & 2 CHAIRS)

(Food Vendor must supply their own power and secure it.)

VENDING SPACE WILL BE RESERVED UPON RECEIPT OF CHECK OR CASH
AND REGISTRATION FORMS. DEADLINE DATE: AUGUST 1st, 2011.

The Family Day Committee reserves the right to
be selective and limit the number of spaces.

***You must fill out the City of Hartford Temporary Food License
and return it with your check application. License is below.**

CHECK OR MONEY ORDER PAYABLE TO "*FAMILY DAY ENTERPRISES*"

ALL MONIES DONATED ARE NON-REFUNDABLE AND NO CHECKS AFTER AUGUST 1st, 2011

PLEASE MAKE SURE ALL TOTALS ARE CORRECT, THANK YOU.

SIGNED: _____ DATE: _____

SEND ATTACHED APPLICATION AND CHECKS TO
"*FAMILY DAY ENTERPRISES*" P.O. BOX 1924, HARTFORD, CT. 06144-1924.

FOR FURTHER INFORMATION, PLEASE CALL VICTORIA CHRISTIE
AT (860) 461-1362 or CELL PHONE (860) 833-6379.

PLEASE LEAVE DETAILED MESSAGE AT THE SOUND OF THE TONE.

ITEMS NOT LISTED ON APPLICATION CANNOT BE SOLD!!!

(All Beverages will be sold strictly by Family Day Enterprises, Inc)

**THE BELOW APPLICATION MUST
BE COMPLETED AND SENT IN WITH
YOUR FAMILY DAY VENDOR APPLICATION.**

IMPORTANT NOTICE:

THERE IS A \$50 APPLICATION FEE THAT APPLIES IF YOU ARE NOT A LICENSE VENDOR IN THE CITY OF HARTFORD.

ADD THE \$50 TO YOUR APPLICATION FEE.

EXAMPLE: APP FEE: \$175+\$50 TEMP CITY OF HARTFORD
VENDOR FEE= \$225



CITY OF HARTFORD



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Environmental Health Division
131 Coventry Street
Hartford, Connecticut 06112

Telephone: (860) 757-4760
Fax: (860) 722-6677
www.hartford.gov

VENDOR TEMPORARY FOOD LICENSE APPLICATION (FOR TEMPORARY FOOD EVENT)

The VENDOR of each temporary food event must complete this application with remittance of \$75.00 (non profit events \$ 25) by CERTIFIED CHECK, MONEY ORDER or CREDIT CARD (**no cash or personal checks**) payable to the City of Hartford and must be filed (15) days prior to the opening event*. This application and \$75.00(non profit \$25) must be submitted to the Department of Health and Human Services, Environmental Health Division, 131 Coventry Street, Hartford, CT 06112.

***In addition applications received between 5-15 days prior to the event will be charged \$125. Applications received less than 5 days prior to the day of the event will be levied \$150. This applies to all applicants including Not-For-Profit Organizations.**

***This application is not a license.** Temporary food permits will not exceed a period of 1 to 5 days.

Name of Event _____ Application Date _____

Date of Event _____ Time of Event _____

Location of Event _____ Building Name & Room# _____

Event Coordinator Name (full business name) _____

Name of **Event Coordinator Contact Person** (First) _____ (Last) _____

Phone # (work) _____ (cell) _____

E-Mail Address _____

Name of Applicant (Food Vendor): First name _____ Last name _____

Applicant Business Name _____ Non Profit Org. (yes*) _____

*If yes, submit copy of state non profit certification with the application.

Applicant's Address _____

Applicant's E-Mail Address _____

Applicant's Phone # (work & home) _____ (cell) _____

Name of person in charge on event premises _____ Cell # _____

Set up time _____ Inspection time _____



Note: Please provide the following information: All questions need to be answered, to be determined your food permit be approved. (If any of the following does not apply to you mark it N/A)

1. Menu: Please list all food and beverage items to be prepared and served at temporary event (attach a separate sheet if necessary).

PLEASE NOTE: Any changes to the menu must be submitted to the Environmental Health Division no later than 10 days prior to the event.

Hot Food: _____

Cold Food: _____

Beverages: _____

Other: _____

2. Will all foods be prepared at the Temporary Food Event site?

- _____ Yes (complete attachment A)
- _____ No (complete attachment A & B)

3. Describe the food source and operation approach at the event:

Note: There shall be no home cooking or home preparation of food offered at temporary food events. All foods must be obtained from a licensed and permitted retail or wholesale food distributor.

- a. Food Prepared or precooked at licensed kitchen or restaurant. Yes* _____
- b. Precooked Food ordered/purchased or donated by food establishment or organization. Yes* _____
- c. Food will be cooked on premises. Yes _____ Mobile Vendor Yes _____

4. If the answer is yes for question 3 a. or b.

- d. Name(s) of the Licensed kitchen or restaurant _____
- e. Address of the Licensed kitchen or restaurant _____
- f. Please submit a copy of the Food License of the licensed kitchen or restaurant with this application if issued outside of City of Hartford.

5. Describe how Potential Hazardous Food*(PHF) will be transported from licensed kitchen to event Safely within adequate temperature range (be specific):

Thermo vehicles: _____ Cooler with Ice: _____
Thermo box: _____ Thermo bag: _____
Other (describe): _____

6. Identify cooking equipment and approach, choose as may as apply:

Gas Grill (commercial only) _____ Chaco grill (Commercial only) _____
Steamer _____ Kettle (corn) _____
Conventional Oven _____ Stove _____
Stir fry wok _____ Rice maker _____

Deep Fryer _____ Gas cooker _____
Other (describe) _____

7. List all places (names & address) where the food source especially meats, poultry, seafood, *shellfish, and ice will be purchased. *shellfish tag must be kept with the original bag or container until it is empty then kept for 90 days.

Example: Hot dog, Chili Sauce commercial packaged, Precooked -----Restaurant Depot

8. **Hand washing facilities to be used by employees.**

- a. Commercial Electric Portable hand washing station _____
b. **Portable Hand washing station** set-up: yes _____, (**must include all items listed below**)
Thermo Water Tank with **Spigot** _____
Waste Water Bucket _____ Soap _____ Paper Towel _____

9. **How and where /Equipment/ utensil washing will take place.**

- a. Commercial ware washing facility on event premises _____
b. Portable three bay sink (commercial) _____
c. **Three containers of suitable size (adequate for the largest cooking ware or utensils)** _____
d. Will bring back to base of operation to wash (for events less than 4 hours only) _____.
e. Not applicable (if using single-use utensils or prepackaged food) _____.

10. **Waste Water and Grease Disposal: Describe how wastewater will be collected, stored and disposed.**

Note: no waste water and grease allowed disposal on ground or the storm drain.

Collected by event coordinator _____ Bring back to base of operation _____

11. **Garbage Containers: Describe the number and location of garbage containers.**

Numbers for food Prepare or dispensing set _____
Numbers for audients _____

12. **What heat source will be used to keep hot foods hot (140 degrees and above)?**

- a. Steamer _____ b. Chaffing Dish _____
c. Other (describe) _____ d. N/A (cold food only) _____

13. **Describe how cold foods will be kept cold (45 degrees and below).**

- a. Commercial cooler/freezer _____ b. Ice cooler _____
c. Ice Packs _____

14. Describe how food temperatures are monitored and thermometers cleaned, and sanitized.

- a. Probe Type Thermometer (0-220 degrees F range) _____
- b. Cooler Thermometer _____
- c. Alcohol Swap for sanitizing required _____

15. Food Protection equipment required:

- a. Tent required if food will be prepared, cooked and dispensed out side _____
- b. Food must be properly covered, _____ Sneeze Guard require for self serves PHF food items _____
- c. Adequate shelves required for storing food and food services item's containers off floor _____
- d. gloves for ready-to eat food contact.**

16. Personal Hygiene:

Effective hair restraints (hat, hair net) _____
Clean outfit, apron, t-shirt with sleeves _____
Are personnel with symptoms like fever, diarrhea, vomiting, coughing/sneezing, etc. or hand/finger wounds prohibited from handling food? Yes _____ No _____

17. List of employee/volunteer names, phone numbers, addresses, and shifts to be worked during the event.

<u>NAME OF EMPLOYEE</u>	<u>PHONE #</u>	<u>ADDRESS</u>	<u>SHIFT</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

18. Use attachment #1 in this packet to sketch a drawing showing the event area and where your operation will be, and the layout of your equipment setting.

ATTACHMENT #1

Get ready for preoperational food inspection?

SELF CHECKLIST FOR FOOD VENDOR OPERATORS

(Keep the list on site with you)

_____ **Hand washing station set up (water tank with spigot, soap, paper towel, and waste water bucket and garbage container)**

_____ Metal probe thermometer (0 – 220 degrees F range), alcohol swap

_____ Thermometers for all refrigerators

_____ Coolers and ice packs (if ice is to be used for cooling of foods, where is water to be drained)

_____ Equipment for PHF hot holding and transport.

_____ Plastic wrap/Aluminum foil, food grade plastic bags

_____ Extra utensils: tongs, spatulas, spoons, and knives (stored in clean sealed bags)

_____ Water and Ice from safety approved source

_____ Buckets/tubs for washing, rinsing, sanitizing food equipment (size fixed the largest cook or storing equipment or containers)

_____ Bleach for sanitizing, test strips for checking

_____ Waste water disposal container with tied lid

_____ Container(s) for grease collection

_____ Clean wiping cloths and a sanitizing solution container to store them in

_____ Garbage containers with plastic bags

_____ Hats/hair restraints and clean wear, T-sheet with sleeves

_____ Tables, crates, shelves adequate for all food or service item containers stored off floor

_____ Gloves for food handling

_____Tent, Sneeze guard, food cover material for food protection

_____All potential Hazard food stored at proper temperature > 140°F or < 45°F

_____All cooking equipment, utensils must be cleaned and sanitized before inspection

A HANDWASHING STATION MUST INCLUDE: POTABLE HOT & COLD RUNNING WATER (OR WARM WATER); LIQUID SOAP IN A DISPENSER; PAPER TOWELS; CONTAINER FOR WASTE WATER. WATER CONTAINER MUST BE CLEAN AND HAVE A VALVE OR SPIGOT THAT REMAINS OPEN TO ALLOW FOR ADEQUATE HANDWASHING.

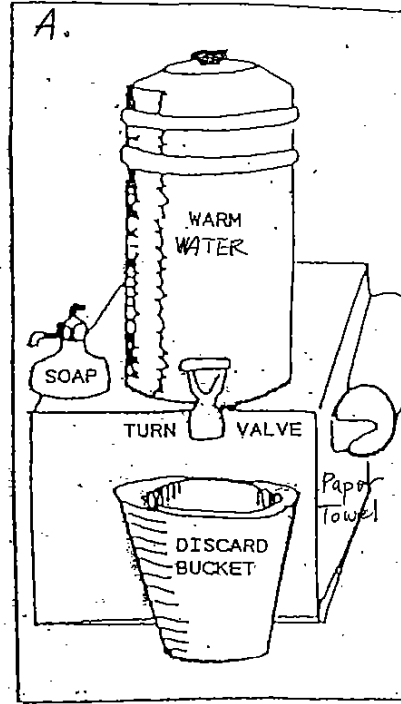
B. Temperature:

Cold Food keep $\leq 45^{\circ}\text{F}$
Hot Food keep $\geq 140^{\circ}\text{F}$



• Thermometers provided.

Internal Cooking Temps	
165°F	reheats, poultry
155°F	ground meats pork
145°F	whole meats fish other PHFs



C. MANUAL DISHWASHING PROCEDURE AT SPECIAL EVENTS

Chlorine Sanitizing Solution: $\frac{1}{2}$ table spoon Bleach in Per Gallon WATER.

Chlorine 100 P.P.M OR
Quat 200 P.P.M

