



# TOWN OF STONINGTON

## HEALTH DEPARTMENT

152 Elm Street • Stonington, Connecticut 06378

(860) 535-5010 • Fax (860) 535-1023

### APPLICATION FOR TEMPORARY FOOD SERVICE LICENSE

(limit 14 days)

NAME OF VENDING OPERATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

EVENT DATES & TIMES: \_\_\_\_\_

TIME READY FOR HEALTH INSPECTION: \_\_\_\_\_

LIST PRODUCT(S) TO BE DISPENSED: \_\_\_\_\_

\_\_\_\_\_

LOCATION WHERE FOOD PRODUCT IS PREPARED\*: \_\_\_\_\_

\_\_\_\_\_

\*Attach latest quarterly food service inspection report if food product is prepared other than at event location and is not licensed in the Town of Stonington.

#### SELECT TEMPORARY CATEGORY BELOW:

____ Temporary License	\$50.00**
____ Stonington-licensed Food Service Establishment	No Charge
____ Non-profit Organization (limit 2 events per year)	No Charge

\*\*Checks are to be made payable to "Treasurer, Town of Stonington."

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TOWN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_