

Brookfield Board of Health

Temporary Food Establishment

Fee: \$50

Check to be Made Payable to the Town of Brookfield

INCOMPLETE APPLICATIONS WILL BE RETURNED Completed applications must be received 14 days in advance of event

Date(s), time, and location of event:		
APPLICANT CONTACT INFORMATION		
Name of Applicant:		
Applicant's Mailing Address:		
Applicant's Phone Number:	Email:	
BUSINESS INFORMATION		
Name of Business:		
Address of Business:		
Mailing Address:		
Owner/Operator Name:		
Business Phone Number:		

REQUIRED DOCUMENTATION

- Provide full menu of all items offered
- Proof of establishment/commissary/leased kitchen (permit, license, or recent inspection report) Copy of Food Manager Certification & Allergen Awareness Certification
- Proof of insurance



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AT THE TIME OF INSPECTION, THE TEMPORARY ESTABLISHMENT MUST:

- Be fully operational (e.g., all water tanks must be filled and all equipment operating)
- All foods must be covered during display or otherwise protected from contamination
- Have protective dispensers for bulk condiments and single service articles which are not individually wrapped.
- If sampling, preparation of sampled goods must be limited in the temporary location (e.g., cutting larger items, packaging, etc. should be done at the base of operation)
- Foodservice sanitizer must be available for any food contact surfaces.
- Test strips must be available.
- Hand sanitizer can be used in place of handwashing station under limited circumstances

FOOD STORAGE & HANDLING

1.Explain how cold foods are kept cold during storage and service			
2. Is time as a method of control in use for any temperature control for safety foods? Explain:			
3. Explain how hot foods are heated and held for service			
4. Explain method for keeping foods protected from contamination during transport			



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An inspection will be conducted prior to permit issuance. OPERATION PRIOR TO INSPECTION WILL RESULT IN DENIAL OF YOUR PERMIT

By signing this form, I acknowledge that I have read and understand all the above statements.

Name:	 	
Signature: _		
Date:		