Temporary Food Permit Application

Windsor Health Department

275 Broad Street
Windsor, CT 06095
Phone: 860-285-1823
FAX: 860-285-1864

Organization Information

*Organization:*_____

Contact Person: _____*Primary Phone:* _____

*Secondary Phone:*_____ *E-Mail:*_____

*Address:*_____
(Street address) *(city)* *(state)* *(zip)*

Event Information

Name of Event: _____

*Location of Event:*_____

*Date of Event:*_____ *Start Time:*_____

*Phone:*_____ *E-Mail:*_____

Menu Items: (list the menu item and the number corresponding to the Type of Service below)

Where will menu items be purchased?:_____

_____

Type of Service:

1. Commercially prepared, prepackaged food& beverages only
2. Cold food, beverages & hot dogs only
3. Food cooked on site for immediate service
4. Food cooked off-site or cooked and held for service for more than 4 hours

Signature: _____ ***Date***:_____

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FOR OFFICIAL USE ONLY: Approved by: _____ Date: _____

Permit #:	Issued:	Expires: