



# 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: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City/Town)

(State)

(Zip)

## Event Information

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

Location of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Menu Items:

Prepackaged Foods/Beverages: \_\_\_\_\_

Cold Held Foods/Beverages: \_\_\_\_\_

Hot Held Foods/Beverages: \_\_\_\_\_

Where will menu items be purchased? \_\_\_\_\_

**\*\*\*Application must be submitted at least two weeks prior to event to ensure adequate time for review.\*\*\***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

**FOR OFFICIAL USE ONLY:** Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

Issued: \_\_\_\_\_

Expires: \_\_\_\_\_