



Mobile Vendor Permit Application Windsor Health Department

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

\$200 Application Fee required at time of submission

Applicant Information

Business Name: _____

Owner Name: _____ Primary Phone: _____

Secondary Phone: _____ Email Address: _____

Home Address: _____
(Street) (City/Town) (State) (Zip)

Mobile Unit Specifications

Mobile Unit License Plate Number: _____

Make/Model/Color: _____

Operator's Name: _____

Onboard Equipment (check all equipment installed on the mobile unit)

<input type="checkbox"/> Grill	<input type="checkbox"/> Coffee Maker	<input type="checkbox"/> Steamer
<input type="checkbox"/> Hot Holding Unit	<input type="checkbox"/> Soup Warmer	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Deep fryer	<input type="checkbox"/> Oven	_____
<input type="checkbox"/> Microwave	<input type="checkbox"/> Freezer	_____
<input type="checkbox"/> Hand wash sink	<input type="checkbox"/> Food Preparation Sink	_____

How often is the water tank cleaned? _____

Where will you dispose of garbage? _____

Where will you dispose of the waste water? _____

Base of Operations

Business Name: _____

Owner/Point of Contact Name: _____

Business Address: _____

Business Phone: _____

Business Email Address: _____

Day(s) and Time(s) Used: _____

The base of operations will be used for the following activities: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Cold Food Preparation | <input type="checkbox"/> Cooking/Reheating | <input type="checkbox"/> Grease Disposal |
| <input type="checkbox"/> Dry Food Storage | <input type="checkbox"/> Cold Food Storage | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ware Washing | <input type="checkbox"/> Waste/ Wastewater Disposal | _____ |
| | | _____ |

Menu *Check all items that apply:*

- | | |
|---|---|
| Fruit
<input type="checkbox"/> Commercially packaged
<input type="checkbox"/> Washed and processed on site | Fish
<input type="checkbox"/> Raw
<input type="checkbox"/> Commercially packaged and pre-cooked
<input type="checkbox"/> Prepared and cooked on site |
| Vegetables
<input type="checkbox"/> Commercially packaged and pre-washed
<input type="checkbox"/> Washed and processed on site | Chicken
<input type="checkbox"/> Raw
<input type="checkbox"/> Commercially packaged and pre-cooked
<input type="checkbox"/> Prepared and cooked on site |
| Meat
<input type="checkbox"/> Raw
<input type="checkbox"/> Commercially packaged and pre-cooked
<input type="checkbox"/> Prepared and cooked on site | Pork
<input type="checkbox"/> Raw
<input type="checkbox"/> Commercially packaged and pre-cooked
<input type="checkbox"/> Prepared and cooked on site |
| Eggs
<input type="checkbox"/> Shell Eggs
<input type="checkbox"/> Commercially packaged and pre-cooked
<input type="checkbox"/> Pasteurized
<input type="checkbox"/> Prepared and cooked on site | Other _____
<input type="checkbox"/> Raw
<input type="checkbox"/> Commercially packaged and pre-cooked
<input type="checkbox"/> Prepared and cooked on site |

Attach additional pages if needed.

Food Processes

List foods that will be made more than 4 hours in advance:

List foods that will be cooled at the end of the business day. Indicate if/how they will be reheated:

How and where will leftover food and extra paper goods be stored?

**See Required Supporting Documents form for additional paperwork to be submitted with your application.*

Signature: _____ **Date:** _____

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

Permit #:

Issued:

Expires: