



# Mobile Vendor Plan Review Application Windsor Health Department

275 Broad Street  
Windsor, CT 06095  
Phone: 860-285-1823  
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*\$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:*

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