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Director of Health

### City of Middletown

Department of Health  
245 deKoven Drive  
Middletown, CT 06457  
TEL: (860) 638-4960 FAX: (860) 638-1960  
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## APPLICATION FOR ITINERANT FOOD SERVICE PERMIT

### Type of Application

- New                     
  Remodel                     
  Conversion                     
  Change of Owner

Name of Establishment: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Is this business operating under an LLC?  Yes  No  
 If yes, please provide the full name of the LLC: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Title: (owner, architect, manger, etc.) \_\_\_\_\_

Name of person(s) in charge & Title: \_\_\_\_\_

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

Color/ Make / Model of Vehicle \_\_\_\_\_

Registration Number \_\_\_\_\_ License Plate \_\_\_\_\_

Is your mobile unit DMV registered with the City of Middletown?  Yes  No  
 If not, what town is the mobile unit registered with? \_\_\_\_\_

**NOTE: If there are multiple mobile units, each vehicle needs a separate application and permit issued**

*The Middletown Health Department participates in the reciprocity agreement among local health departments/districts that allow itinerant food vendors to operate in other local health jurisdictions other than where permit is issued. If you mobile unit is not registered with the City of Middletown, you can still obtain an annual permit but you will not benefit from the reciprocity agreement. Lastly, it is the responsibility of all mobile vendors to notify the local health department/district where they plan to operate at least 48 hours prior to operating there. Please keep in mind that not all CT health departments/districts are actively apart of the reciprocity agreement at this time.*

\*\*\*\*\*PLEASE DO NOT WRITE IN THIS AREA. OFFICE USE ONLY\*\*\*\*\*

License Month: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

District Assigned: 1 2 3

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Denied

Plan Review Fee Received: Date: \_\_\_\_\_ \$ \_\_\_\_\_  cash  check# \_\_\_\_\_

Permit Fee Received: Date: \_\_\_\_\_ \$ \_\_\_\_\_  cash  check# \_\_\_\_\_ Classification: \_\_\_\_\_

## **Checklist for Itinerant Food Vendor Service Establishments**

The following checklist is provided as a guide for information needed to obtain a permit to construct (renovate/new facilities), remodel or assume a food service establishment.

- A dated floor plan showing location of all equipment (including 3 bay sink, hot holding units, cooking units, refrigeration, plumbing, ventilation etc.).

**Plans shall be a minimum of 11 x 14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.**

- Provide a copy of the proposed menu.
- Manufacturer specification sheet for each piece of food service equipment. List all food equipment with model numbers. All equipment must be commercial grade and or equivalent.
- Provide hand-washing facilities in all necessary areas (i.e. food preparation, food dispensing and ware washing).
- Show dry storage area.
- Type of floors, walls, and ceilings (*must be non-porous, smooth and easily cleanable*).
- Provide an area for employees to place personal items (*purses, jackets, etc.*).
- Provide an area to store toxic items away from food preparation.
- Provide a 3-bay sink with drain board(s).
- Provide food prep sink (*if food preparation is done on truck*).
- Ensure lights are shielded or be shatterproof bulbs.
- Submit documentation for certified food protection manager (CFPM). This is required for Class 2's, 3's and 4's. (*See approved testing organization sheet at the back of this packet*).
- Provide a copy of commissary agreement if food is prepped, warewashing of pot and pans and food storage occurs other than on food truck. A copy of the most recent inspection report is also required for the licensed kitchen used.
- Provide generator or ability to connect to a power supply.
- Provide adequately sized water heater.
- Proper signage on both exterior of the trailer, indicating the name and business address.
- Contact the Middletown Police Department for a vendor peddler's license: (860) 638-4015.
- Contact the Middletown Fire Marshal for questions regarding exhaust hoods and fire suppression.
- Contact the Middletown Land Use for zoning requirements (860) 638-4840

## Questionnaire

**1. What foods will be prepared on and served out of the mobile unit?**

*NOTE: any changes to the menu must be submitted and approved by the Health Department*

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**2. What is the source of the foods to be dispensed (i.e. Restaurant Depot, Sysco, Napoli Foods, Costco, Sam's Club etc.)? Provide the name and address of the food distribution facility.**

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**3. Describe method used to maintain foods at the proper hot or cold temperature?**

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**4. Describe what will be done with foods that are leftover?**

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**5. Describe how and where utensils, pots and pans will be cleaned and sanitized at the end of the day?**

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**6. Describe the number of handwashing facilities to be used by employees.**

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**7. Describe how food will be protected.** *(Note: in large units where food is prepared inside, screening is required to prevent the entrance of insects).*

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**8. What is the total gallons capacity for the potable water storage tank?**

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**9. Describe how and where are potable water tank is filled?**

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**10. What is the total gallons capacity of the waste water holding tank?** *(Note: Wastewater tanks must be at least 15% larger than the potable water tank)*

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**11. Where will wastewater be disposed?**

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**12. Where will excess food and paper products be stored?**

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**13. Where will garbage collected from the mobile unit be disposed?**

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**14. If applicable, describe where cooking grease will be disposed?**

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**15. What is the power source for mobile unit when in transit and when operating onsite?**

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**I understand that no foods can be stored or prepared at home and then be used to serve to the public.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*The Middletown Health Department must grant a plan review approval prior to any construction or renovation of itinerant food vendors. At least 48 hours is required to have the mobile vending unit inspected prior to licensing or re-licensing.*

## **BASE OF OPERATION DECLARATION**

A base of operation may be used to prepare and store food items, wash and store equipment and to provide an approved location for discharging wastewater, discarding trash or supplying an approved source of water in advance of or following the food service activity or event.

**NOTE: A home kitchen cannot serve as a base of operation for a licensed food establishment.**

- ✓ The Base of Operation facility must be licensed or inspected by the local health department/district or the Connecticut Department of Consumer Protection in order to support your food service operation.
- ✓ If this facility is licensed/inspected as a food service establishment by a local health department/district outside of the City of Middletown, please attach a copy of their current license or most recent inspection report.
- ✓ If this facility is licensed/inspected as a food establishment or processing facility by a state or federal entity, please attach a copy of their current license or most recent inspection report.

**This facility will be used for the following activities (check all that apply):**

- Food Preparation       Dry Storage       Refrigerated Food Storage       Warewashing
- Cooking/Reheating       Water Supply       Wastewater Disposal       Grease Disposal
- Other (*Please Specify*) \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Your Business** \_\_\_\_\_

**This business uses the facility mentioned below as a base of operation to support their itinerant food service operation.**

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_

**Name of Owner/ Manager:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**I attest that my licensed food establishment is available as a base of operation and will not conflict with the daily operations of my business. This serves as an agreement for use between my facility and the itinerant vendor mentioned above.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Owner's /Manager's Signature**

## **Approved Testing Organization**

### **ServSafe® National Restaurant Association (NRA)**

Phone: 1-800-765-2122

Website: [www.servsafe.com](http://www.servsafe.com)

Exam Name: ServSafe Food Protection Manager

175 West Jackson, Suite 1500 Chicago, IL 60604

### **American Safety Council/StateFoodSafety**

Phone: 1-801-494-1416

Website: [www.statefoodsafety.com](http://www.statefoodsafety.com)

Exam Name: StateFoodSafety Certified Food Protection Manager Exam

### **Responsible Training/Safeway Certifications, LLC**

Phone: 1-866-409-9190

Website: [www.responsibletraining.com](http://www.responsibletraining.com)

Exam Name: Food Protection Manager Exam

### **The Always Food Safe Company, LLC**

Phone: 1-612-203-4872

Website: <https://alwaysfoodsafecom.com>

Exam Name: Food Protection Manager

### **National Registry of Food Safety Professionals/Environmental Health Testing**

Phone: 1-800-446-0257 Fax: 1-407-352-3603

Contact: [Customer.Service@nrfsp.com](mailto:Customer.Service@nrfsp.com)

Website: [www.nrfsp.com](http://www.nrfsp.com)

Exam Name: Certified Food Safety Manager

6751 Forum Drive, Suite 220 Orlando, FL 32821

### **360training.com®**

Phone: 1-888-360-8764

Contact: [Enrollment.Advisor@360training.com](mailto:Enrollment.Advisor@360training.com)

Website: [www.360training.com](http://www.360training.com) or <https://www.360training.com/food-beverageprograms/food-manager-certification/connecticut-food-safety-manager-certification> Exam Name: Learn2Serve Food Protection Manager Certification Exam

6801 N. Capital of Texas Hwy., Suite 150 Austin, TX 78731

### **AboveTraining, Inc dba StateFoodSafety**

Phone: 1-801-494-1416

Website: [www.statefoodsafety.com](http://www.statefoodsafety.com)

Exam Name: StateFoodSafety Certified Food Protection Manager Exam

711 Timpanogos Pkwy Bldg M, Ste 3100 Orem, UT 84097

**NOTE:** Effective 4/1/22, Prometric is no longer offering the Certified Food Protection Manager exam. Those who passed the Prometric Exam that was offered prior to this date are still acceptable to meet the regulatory requirements in Connecticut for being a CFPM, as long as the certification is not expired.

## WELL WATER TESTING REQUIREMENTS

The Connecticut Department of Public Health, through the action of the Connecticut General Assembly, adopted requirements for testing well water. Specifically, the requirements are:

1. ALL water samples must be collected by an individual under the direction of a licensed laboratory, a state certified operator as defined in Section 25-32-7a(c) of the regulations of state agencies, or a licensed sanitarian;
2. The well water MUST meet the maximum contaminant levels (MCL 'S) of the Connecticut Public Health Code;
3. The water has to be analyzed for:

✓ Total Coliform Bacteria	✓ Turbidity
✓ Nitrate	✓ pH
✓ Nitrite	✓ Sulfate
✓ Sodium	✓ Apparent Color
✓ Chlorine	✓ Odor
✓ Iron	✓ Volatile Organic Chemical (VOC's)
✓ Manganese	✓ Seven Listed Pesticides if nitrate level is over 10.0
✓ Hardness	

4. The Connecticut Department of Health recommends testing for Arsenic and Uranium.

***When the results are mailed or faxed to the Middletown Health Department, a Water Certification Form with signature of the person who took the sample must be included. This is a State Regulation.***

### Approved In-State local Water Testing Laboratories

TOWN	LABORATORY NAME	LICENSE NUMBER	PHONE	Private well testing	Asbestos	Arsenic	Bacteriological	Inorganics	Organic Chemicals	PFAS	Radiological	Uranium
Berlin	Northeast Laboratories, Inc	PH-0404	(860) 828-9787	X			X	X				
Dayville	Microbac Laboratories, INC. - Dayville	PH-0465	(860) 774-6814	X		X	X	X	X			X
Greenwich	Greenwich Health Department Laboratory	PH-0703	(203) 622-7843	X		X	X	X			X	
Hebron	RSA Laboratories, Inc.	PH-0111	(860) 228-0721	X							X	
Madison	Environmental Consulting Lab	PH-0535	(203) 245-0568	X		X	X	X				X
Manchester	Phoenix Environmental Laboratories, Inc.	PH-0618	(860) 645-1102			X	X	X	X			X
Milford	Baron Analytical Laboratories LLC	PH-0440	(203) 874-5678				X	X				
New Haven	Regional Water Authority	PH-0411	(203) 401-2700			X	X	X	X	X		
Newtown	Aqua Environmental Lab	PH-0800	(203) 270-9973	X		X	X	X	X		X	X
North Haven	Aqualogic, Inc.	PH-0454	(203) 248-8959	X			X	X				
Old Saybrook	Eastern Analytical Laboratory, Inc.	PH-0448	(860) 388-2378	X			X	X				
Plainville	Tunxis Laboratories, LLC	PH-0513	(860) 793-8866			X	X	X	X			X
Stamford	Stamford Health Department Laboratory	PH-0710	(203) 977-4378	X			X	X				
Stratford	Complete Environmental Testing, Inc.	PH-0116	(203) 377-9984			X	X	X	X	X		X
Stratford	York Analytical Laboratories, Inc	PH-0723	(203) 325-1371			X		X	X			X
Wallingford	EMSL Analytical, Inc. - CT	PH-0322	(203) 284-5948	X	X		X					
Wallingford	Environmental Monitoring Lab	PH-0509	(203) 284-0555	X		X	X	X	X			
Waterbury	Analytical Consulting Technology, Inc.	PH-0518	(203) 757-3960	X		X	X	X	X			X
Waterbury	Northwest Environmental Water Labs	PH-0537	(203) 437-4110	X		X	X	X				
Wilton	South Norwalk Electric & Water Laboratory	PH-0461	(203) 762-7884	X			X	X				
Windsor	Envirotech Laboratory	PH-0464	(860) 688-7249	X			X	X			X	
Woodbridge	Aquatek Labs, Inc.	PH-0466	(203) 389-1824	X		X	X	X	X		X	X