

**Waterbury Health Department**  
Temporary Food Permit Application

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Event Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Circle Type of Event: Indoor / Outdoor / Location of Event: \_\_\_\_\_

Type of Food: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Describe hand washing facility (type, number and location): \_\_\_\_\_

Describe toilet facilities: type, portable or fixed, number and location: \_\_\_\_\_

If portable toilets will be used, how often will they be serviced and emptied during the event? \_\_\_\_\_

Will electricity be provided at the event? YES NO. If yes describe how: \_\_\_\_\_

Portable water supply will be done (circle one) FIXED PORTABLE Describe: \_\_\_\_\_

Garbage disposal will be done (circle one) DAILY OTHER Describe: \_\_\_\_\_

There must be a Qualified Food Operator(QFO) associated with the event:

Name of QFO: \_\_\_\_\_ Telephone: \_\_\_\_\_

Attach a copy of the QFO license to this form.

**Such Temporary Permit shall be valid for a period of NO MORE THAT SEVEN (7) DAYS from date Issued. The undersigned agrees to comply with all applicable Regulations and Ordinances of the Health Department of the City of Waterbury and the State of Connecticut Public Health Code.**

**THERE IS NO APPLICATION FEE**

Application Date: \_\_\_\_\_ Application Signature: \_\_\_\_\_

**Office Use Only**

**Amount Paid \$** \_\_\_\_\_ **Date of Issue:** \_\_\_\_\_ **L:** \_\_\_\_\_

**Other Information:** \_\_\_\_\_