



Town of Manchester

41 Center Street · P.O. Box 191
Manchester, CT 06045-0191
www.manchesterct.gov

ITINERANT VENDOR – DECLARATION OF BASE OF OPERATION

This form must be submitted to the Health Department with your application for permit.

Date: _____

ITINERANT VENDOR INFORMATION

BUSINESS NAME	
OWNER/OPERATOR NAME	

BASE OF OPERATIONS INFORMATION

BUSINESS NAME	
BUSINESS ADDRESS, CITY	
NAME OF OWNER	
OWNER'S EMAIL ADDRESS	
BUSINESS PHONE NUMBER	

The following portion to be filled out by the owner of the food establishment used as the Base of Operation

I, _____ attest that my licensed food establishment
Owner of food establishment used as base

known as _____ is available as the base of operations for
Name of food establishment

_____ owned by _____
Name of Mobile Vendor Business Owner of Mobile Vendor Business

Signature of Owner of Food Establishment

Note – if the Base of Operations is outside of the Town of Manchester please include a copy of the food service license. We must contact the local health department to approve this use.

