



Manchester Health Department
 479 Main Street, P.O. Box 191,
 Manchester, CT 06045-0191
 Phone Number: (860) 647-3173, Fax Number: (860) 647-3188

**Verification of Commercially Prepared/ Prepackaged Food for retail sale in Manchester at a
 Farmers' Market, Fair or Festival**

No fee if selling commercially prepared/prepackaged food with no handling of exposed food.

Name of Vendor: _____

Address of Vendor: _____

Phone number of Vendor: _____

Email address of Vendor: _____

Name of commercially prepared/prepackaged food product(s):

If this product requires refrigeration, how will you cold hold this food product during transport and at the event? _____

Source of ice (if applicable): _____

Attach a Copy of License/Registration (if applicable)

Example: Department of Consumer Protection (DCP)

- Food Manufacture/Wholesaler License
- CT Apple Juice/Cider Registration
- Non-alcoholic Beverage License
- Frozen Dessert License
- Cottage Food License
- Local Health Department License
- USDA – Food Safety & Inspection Service Establishment Number

Signature: _____ Date: _____

Print Name: _____



Approved by: _____ **Date:** _____
 (Environmental Health Inspector)

