



# Town of Manchester

41 Center Street · P.O. Box 191  
Manchester, CT 06045-0191  
[www.manchesterct.gov](http://www.manchesterct.gov)

Dear Prospective Itinerant Food Service Operator,

Thank you for your interest in operating an Itinerant Food Service Unit in Manchester, CT. Enclosed please find the Application for Itinerant Food License and the Itinerant Food Questionnaire.

Please provide:

1. Certification of Food Manager ANSI Approved Training
2. Menu
3. Base of Operation Declaration
4. Copy of license and most recent inspection for the Base of Operation.

If this is your **Initial Plan Review**, include:

- Sketch with equipment location noted on the sketch.
- Equipment spec sheets, including counter-mounted equipment and shelving. All must be NSF or equivalent.
- List of finishes – floors, walls, ceilings, lighting.

Once received, an inspector will be assigned and contact you with questions or inspection time.

Sincerely,

Town of Manchester Health Department







**TOWN OF MANCHESTER HEALTH DEPARTMENT**

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

**APPLICATION FOR ITINERANT FOOD SERVICE LICENSE**

**Business/Vendor:** \_\_\_\_\_ **Base of Operation:** \_\_\_\_\_  
**License Plate #** \_\_\_\_\_  
**Site Location:** \_\_\_\_\_  
**Certified Food Protection Manager:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
(provide copy) \_\_\_\_\_

**Owner :** \_\_\_\_\_ **Mailing address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Cell phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Operator same as Owner:** Yes No **Mailing address:** \_\_\_\_\_  
**Operator:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Cell phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Water Supply:** Public Private Well  
**Wastewater Disposal:** Public On-Site  
**Electricity Available:** Yes No  
**If Other, Please Explain:** \_\_\_\_\_

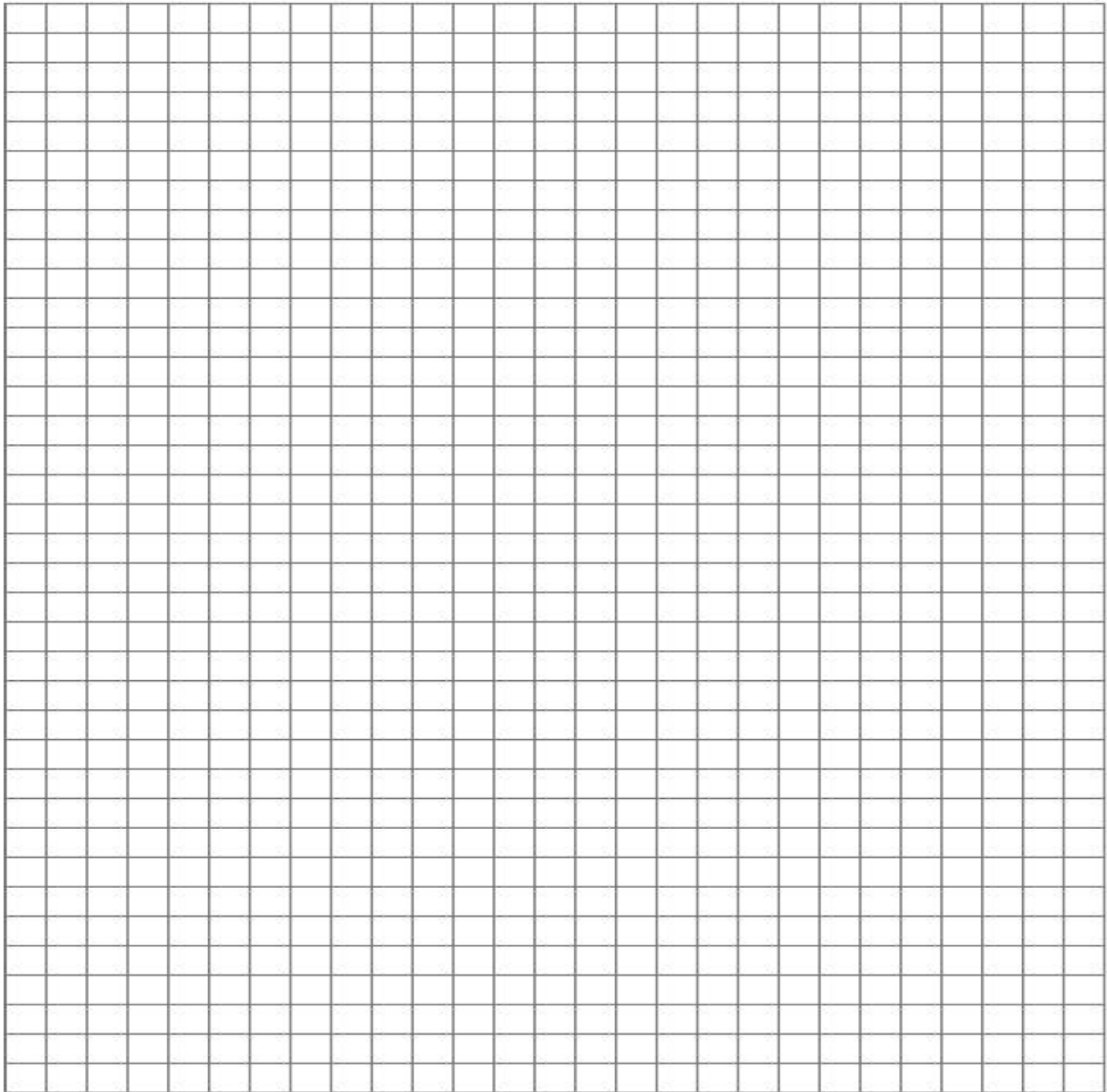
**Menu:** (Note\*\*Please list items in as much detail as possible, or a copy of a menu attached is applicable)

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that any false statements or other misrepresentations made on this application may result in immediate shutdown or revocation of my Food Service License for the Town of Manchester. **Please submit this complete registration form with a check payable to: *Town of Manchester*.** Food Service License will be issued after the Food Inspector has completed his/her inspection.

Applicant Name (Print):		
Applicant Signature:		Date:

**ATTACH A COPY OF YOUR MOBILE UNIT'S INTERIOR LAYOUT OR INCLUDE A DETAILED DRAWING OF THE INTERIOR OF YOUR MOBILE UNIT'S LAYOUT HERE:**



<b>Office Use Only</b>	
Inspector Name (Print):	
Inspector Signature:	Date:
Food Class: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Fee:
Food License#:	Expiration Date:
Check#: Cash: <input type="checkbox"/>	Receipt#:
Fee Paid: \$	Date Received:

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**ITINERANT VENDOR QUESTIONNAIRE**

**Name of Establishment:** \_\_\_\_\_

1. What foods will be prepared on and served out of the unit?
  
2. What is the source of the food to be dispensed? Provide the name and address of the food distribution facility.
  
3. How will foods be kept hot or cold on the unit? What type of thermometer will be used? How will they be sanitized?
  
4. How and where will utensils, pans, etc. be cleaned at the end of the day? Be specific.
  
5. Describe the method of handwashing used at the unit.
  
6. Describe how food will be protected. (Note: in large units where food is prepared inside, screening is required to prevent the entrance of insects).
  
7. How are water tanks filled? Where is wastewater disposed?
  
8. Where will excess food and paper products be stored?
  
9. How will garbage be disposed on the unit and at the Base of Operations?

**PLEASE CONTACT THE TOWN OF MANCHESTER HEALTH DEPARTMENT AT LEAST 48 HOURS IN ADVANCE TO HAVE THE MOBILE VENDING UNIT INSPECTED PRIOR TO LICENSING OR RE-LICENSING.**



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## **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.**

*An Equal Opportunity Employer*



