Joseph P. Ganim
Mayor

City of Bridgeport
Department of Health & Social Services
Environmental Health
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Director of Health
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ORGANIZER OF TEMPORARY EVENTS APPLICATION

OFFICE USE ONLY

Date: _____

Temporary Event Application Fee: $100.00

Inspection Fee: $430.00 **(Inspectors per Day) X** _____ **(Days) = $** _____

Cashier's Check # _____ **Money Order:** _____

Received by: _____ **Reviewed by:** _____

Payment by Money Order or Cashier's Check Only.

Date(s) of Event/Time: _____

Inspector(s)/Date(s)/Time: _____

NAME OF EVENT: _____

EVENT ADDRESS: _____
ZIP CODE

DATE(S) OF EVENT: _____

NAME OF ORGANIZER: _____

NAME OF PERSON IN CHARGE: _____

HOME ADRESS: _____
STREET **CITY** **STATE** **ZIP CODE**

PHONE(S):(___) _____ (___) _____ _____
PRIMARY **CELL** **OTHER**

EMAIL: _____

Issuance of this permit shall not be permission to create or maintain any violation of the sanitary regulations and ordinance of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances, attests that all information contained in this application is true, and agrees to all terms and conditions. A permit to hold event may be revoked at any time for reasons of non-compliance.

THIS LICENSE IS NOT TRANSFERABLE. FEES NON-REFUNDABLE AND NOT PRORATED.

Please make Cashier's Check or Money Order payable to Bridgeport Health Department

Applicant's Signature _____ **Date:** _____

Responsibilities of the Organizer

☐ The event organizer is required to make proper application with the City of Bridgeport, Environmental Health Division at least 30 days in advance of the event (Pick up organizer application and temporary vendors applications).

☐ The organizer is required to distribute temporary vendor applications to all vendors, explain all requirements, collect and submit completed applications, along with payments, to the health department at least 14 days in advance of event.

☐ The organizer and health department inspectors will meet as necessary to properly prepare for the event. Vendors may also be asked to attend. The organizer is required to attend all meetings.

☐ The organizer must be available on the day of the event to escort the inspector through the venues for inspection and enforcement if necessary. A meeting time and location will be agreed upon by the inspector and organizer.

☐ If the inspector requests that a vendor modify operations, it must be done immediately.

☐ If food must be destroyed due to sanitary code violations, it must be destroyed onsite and witnessed by the inspector.

☐ If the vendor cannot demonstrate safe operation of the food booth, they must immediately begin dismantling all equipment and leave the site as soon as possible without issue.

☐ The inspector will have final say on all issues regarding the operation of the food booth. The organizer must support all decisions made by the inspector.

Inspection Fees are based on the following:

Total Fee = $330.00 X (Inspectors per day) X (Days of Event)

The number of inspectors per day is determined on the following basis:

1-6 vendors require 1 inspector, per inspection, per day
7-12 vendors require 2 inspectors, per inspection, per day
13-18 vendors require 3 inspectors, per inspection, per day
An additional inspector, per inspection, per day is required for each additional 6 vendors above 18 vendors.
A vendor is considered to occupy a 10' X 10' area. Double booths or extensions of trucks or carts will be considered two separate vendors regardless of ownership.

No vendor additions will be permitted after completed applications are turned into the health department.

Please answer all questions below thoroughly, if a question does not apply, please enter "NA" into the space provided. A temporary event permit will not be issued if the application is incomplete.

Vendor Roster:

Name or title of this event: _____

Time event will begin and end: _____

Approximate time vendors will be ready for inspection: _____

Approximate number of guests expected: _____

Number of vendors in total scheduled to participate in the event: _____

Number of trucks or carts already licensed by the Bridgeport Health Department: _____

Number of trucks or carts licensed in a city other than Bridgeport: _____

Number of trucks, carts, or booths are currently unlicensed_____

Vendor Roster (continued)

Please supply the following information for each vendor:

Name of Vendor Truck, Cart, or Booth	Select One	City
1._____	**□ Licensed in Bridgeport** **□ Licensed in another city** **□ Unlicensed**	_____
2._____	**□ Licensed in Bridgeport** **□ Licensed in another city** **□ Unlicensed**	_____
3._____	**□ Licensed in Bridgeport** **□ Licensed in another city** **□ Unlicensed**	_____
4._____	**□ Licensed in Bridgeport** **□ Licensed in another city** **□ Unlicensed**	_____
5._____	**□ Licensed in Bridgeport** **□ Licensed in another city** **□ Unlicensed**	_____
6._____	**□ Licensed in Bridgeport** **□ Licensed in another city** **□ Unlicensed**	_____
7._____	**□ Licensed in Bridgeport** **□ Licensed in another city** **□ Unlicensed**	_____
8._____	**□ Licensed in Bridgeport** **□ Licensed in another city** **□ Unlicensed**	_____
9._____	**□ Licensed in Bridgeport** **□ Licensed in another city** **□ Unlicensed**	_____
10._____	**□ Licensed in Bridgeport** **□ Licensed in another city** **□ Unlicensed**	_____
11._____	**□ Licensed in Bridgeport** **□ Licensed in another city** **□ Unlicensed**	_____
12._____	**□ Licensed in Bridgeport** **□ Licensed in another city** **□ Unlicensed**	_____
13._____	**□ Licensed in Bridgeport** **□ Licensed in another city** **□ Unlicensed**	_____

Vendor Roster (continued)

Name of Vendor Truck, Cart, or Booth	Select One	City
14._____	□ Licensed in Bridgeport □ Licensed in another city □ Unlicensed	_____
15._____	□ Licensed in Bridgeport □ Licensed in another city □ Unlicensed	_____
16._____	□ Licensed in Bridgeport □ Licensed in another city □ Unlicensed	_____
17._____	□ Licensed in Bridgeport □ Licensed in another city □ Unlicensed	_____
18._____	□ Licensed in Bridgeport □ Licensed in another city □ Unlicensed	_____
19._____	□ Licensed in Bridgeport □ Licensed in another city □ Unlicensed	_____
20._____	□ Licensed in Bridgeport □ Licensed in another city □ Unlicensed	_____
21._____	□ Licensed in Bridgeport □ Licensed in another city □ Unlicensed	_____
22._____	□ Licensed in Bridgeport □ Licensed in another city □ Unlicensed	_____
23._____	□ Licensed in Bridgeport □ Licensed in another city □ Unlicensed	_____
24._____	□ Licensed in Bridgeport □ Licensed in another city □ Unlicensed	_____
25._____	□ Licensed in Bridgeport □ Licensed in another city □ Unlicensed	_____

Using the numbers above, and the attached Vendor Site Plan, please indicate the location of each vendor and sketch the general layout of the site. Also include a landmark as a reference (ex. Front Entrance, Gate, etc.), and an accessible location of where you can meet the inspector on the day of the event.

Vendor Site Plan

Responsibilities of Temporary Vendors:

The following equipment, utensils, and documentation are required for each vendor at their respective stations. This information is included in the temporary vendors application. It would be advantageous for the organizer to review each item with each vendor to assure proper application and expedite processing. Please be sure that vendor applications are accurate and complete before turning them into the health department.

☐ THE USE OF STERNO IS NOT PERMITTED. NO EXCEPTIONS

☐ Calibrated Probe Thermometer, Alcohol Sanitizing Wipes, and air temperature thermometers in all refrigeration units.

☐ Facilities to wash, rinse, and sanitize equipment and utensils (see attached).

☐ Approved Sanitizer and Sanitizer Test Strips. Concentration: 100ppm for chlorine, and per manufacture's recommendation for quaternary ammonia.

☐ Hand washing station with soap and paper towels (see attached).

☐ Food dispensing utensils, non-latex gloves, hair restraints, and clean attire.

☐ Certified Food Protection Manager Certificate, Food Handler Training Certificate(s) for all food workers/ helpers, and personnel log for event.

☐ All food workers/helpers at an event must take and pass the "Food Handler Course" online at www.statefoodsafety.com/food-handler/bridgeport-connecticut-food-handlers-card . $25.00 for Food Handler Class per person.

☐ All cooking and hot holding equipment must be electrical, or gas powered. Charcoal may be used if approved by the Bridgeport Fire Department.

☐ All cooking and hot holding equipment must be capable of thoroughly cooking food to a minimum internal temperature of 165ºF, and hot holding food at a minimum internal temperature of 135ºF.

☐ All cold food must be held at 41ºF or cooler and air temperature thermometers are required in all refrigeration units.

☐ All menu items must be listed on the appropriate menu item sheet included in the vendor application. No add on items will be allowed after applications are submitted.

☐ All foods must be from an approved source and be fully prepared in a governmentally licensed and inspected kitchen or prepared onsite by the vendor. No home prepared or cooked items are allowed.

☐ If the vendor plans to operate from a both, a plan of the booth must be submitted. The form is attached in the temporary vendor application.

Temporary Hand Washing Station

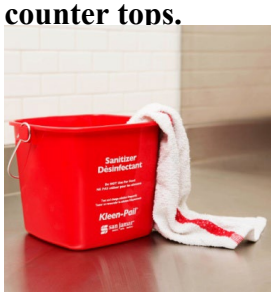
Temporary 3 Bay Sink

1. WASH **2. RINSE** **3. SANITIZE**

FILL WITH DETERGENT AND CLEAN WATER **FILL WITH CLEAN WATER** **FILL WITH SANITIZER AND CLEAN WATER**

Fill your wash, rinse, and sanitize buckets about 2/3 full.
Check your sanitizer concentration levels with test strips to be sure the concentration is correct.

Chlorine: 100ppm (max) – 50ppm (min)

Quaternary Ammonia Compounds: Prepared to the manufacturer's requirement.

Keep sanitizing buckets in all areas that you need to wipe down. Keep the wiping cloth you use inside of the bucket of sanitizer when not in use. The cloth should either be in your hand or the bucket at any given time. Don't leave wiping cloths on counter tops.