



TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790
Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail info@tahd.org ♦ Web www.tahd.org
"Promoting Health & Preventing Disease Since 1967"

License fee paid: _____ date: _____

Sample Booth Application

Submit application with the licensing fee (if applicable) **NO LATER THAN 2 WEEKS PRIOR to the event.** Failure to submit the application and licensing fee within the requested time frame will result in a **\$100.00 fine or denial** of a Temporary Food Service License. THERE WILL BE NO REFUNDS OR CREDITS ISSUED

All sample booths are those that open any hermetically sealed package and pour, dip, cut, and peel for sample. Any mixing, repackaging, and food prep will require a full temporary permit application and fee.

Event: _____ Date: _____

Time of event: _____ Time setting up/arrival: _____

Location of event: _____ Town: _____

Name of Food Service Booth: _____

Name of person completing application: _____

Street Address: _____ Town: _____ State: _____

Zip code: _____ Phone Number: _____

1. Provide a list of foods, beverages, or condiments which will be sampled at the event noted above:

2. Provide a description of a temporary hand sink set up that will be utilized:

3. *Overhead protection, and floor coverings are required for sample booths. All food must be off the ground and protected.*

4. \$25 Per Unit / Per Event – license for a single event that operates at a fixed location for a temporary period 2 or more consecutive days – not to exceed 14 days

5. Religious groups, youth organizations and agencies funded in whole or in part by tax dollars from towns which are members of the Torrington Area Health District will be exempt from the registration fee. Fee exempt operators are obligated to apply and receive temporary food license.

6. I have thoroughly reviewed and attached material. I understand that I am liable for the quality and condition of the food served to the public. My staff and I will ensure the safety of all food and beverages stored, prepared, and served at the above event.

7. Signature of Person in Charge: _____ Date: _____

Borough of Bantam, Bethlehem, Canaan, Cornwall, Goshen, Harwinton, Kent, Borough of Litchfield, Litchfield, Middlebury, Morris, Norfolk, North Canaan, Plymouth, Salisbury, Thomaston, Torrington, Warren, Watertown, Winsted

The Torrington Area Health District is an equal opportunity provider, and employer. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C., 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).