

Name of Venue: _____

Address: _____

Contact: _____

Phone: _____

Email: _____

Signature _____

Rotary Club of Avon-Canton
P.O. Box 11
Avon, CT 06001

The following is an agreement between the Rotary Club of Avon-Canton and the restaurant known as _____.

This agreement pertains to the restaurant's involvement in the Rotary Club's Tastes-of-the-Valley fundraising event.

The Tastes-of-the-Valley event will be held May 14, 2022, at the Golf Club of Avon, Avon, CT.

The event will start at 6:00 P.M. and finish at 10:00 P.M. The restaurant agrees to have a representative present during that entire timeframe who is knowledgeable enough to answer food-related questions and questions about the restaurant itself.

The restaurant may access the Golf Club of Avon to set up during the afternoon of May 14, 2022. The restaurant must be present by 5:30 p.m. and have everything in place when the doors open at 6 PM.

The restaurant will provide 350 portions of food. Whether the 350 portions are comprised of one item or multiple items is left to the discretion of the restaurant.

The restaurant may also provide a dessert item, if desired.

The restaurant understands that there will be other area restaurants present at the event as well. Those restaurants will have signed this exact same agreement and will be held to the exact same terms.

A temporary Food Service Permit is required by the Farmington Valley Health District. The Rotary Club will pay the fee on behalf of participating restaurants that complete the form and return it to the Rotary of Avon-Canton by April 1, 2022.



Farmington Valley Health District

95 River Road, Suite C ▪ Canton, CT 06019 ▪ Phone (860) 352-2333 ▪ Fax (860) 352-2542

Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury

APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT

Fee: \$50.00

Non-profit: \$0

All vendors serving food and/or beverages to the public on a temporary basis are required to have a food service permit. Temporary permits are valid for a maximum of two (2) consecutive weeks if you are set up at the same location/venue **and** serving the same menu. **Please complete the permit application and return to this office no later than 14 days prior to the event. Failure to submit a completed application, including payment on time, may result in exclusion from the event.**

Name of Event: _____

Event Location: _____ Town: _____

Event Date(s): _____ Hours of Event: _____

Date/Time of Set-Up: _____

Name of Event Coordinator: _____ Phone: _____

Name of Food Booth/Trailer/Truck: _____

Address: _____ Town: _____ Phone: _____

Applicants Name: _____ Phone: _____ Email: _____

LIST PRIMARY FOOD HANDLERS AT THE EVENT: (You must keep on file a list of employees who work in the food booth)

Name (Person in Charge of Booth Here)

Name

Name

Name

- ✓ Submit completed application (pages 1-4) and applicable payment.
- ✓ Submit Food Safety Manager's Certificate for Person(s) in Charge of Booth.
- ✓ Submit the attached Base of Operations Form and annual license and most recent inspection form if not permitted in a FVHD town.
- ✓ Submit a sketch layout of food booth/trailer/truck.

PROPOSED MENU – LIST MENU ITEMS BELOW

List all food and/or beverage items provided at the event

Approved Food Source(s) (Check all that apply)

- Meat and Poultry- USDA or CT Dept. of Ag Approved
- Dairy- USDA Approved
- Eggs- USDA or CT Dept. of Ag Approved
- Fish- Commercially Caught
- Shellfish FDA Approved- Shellfish Shippers Tag

Where Will Food Be Purchased?

- Grocery Store: _____
- Farmers Market/Local Farm: _____
- Restaurant: _____
- Other: _____

Food Booth/Concession Trailer/Truck

- Food Booth: Overhead Covering Flooring Enclosed Structure
- Concession Trailer/Truck
- Other: _____

Hand Washing Facilities

- Temporary Hand Wash Station Other: _____
- Commercial Portable Hand Wash Sink
- Hand Wash Sink Inside Concession Trailer/Truck

On-Site Temperature Control Methods (Check all that apply)

Cooking and/or Reheating	Hot Holding	Cold Holding	Transport
<input type="checkbox"/> Gas Grill <input type="checkbox"/> Fryolator <input type="checkbox"/> Stove/Oven <input type="checkbox"/> Propane Burner <input type="checkbox"/> Induction <input type="checkbox"/> Other: _____	<input type="checkbox"/> Electric Steam Table <input type="checkbox"/> Hot Holding Cabinet <input type="checkbox"/> Gas Grill <input type="checkbox"/> Sterno Chafing Dishes <input type="checkbox"/> Stove/Oven <input type="checkbox"/> Other: _____	<input type="checkbox"/> Refrigerators <input type="checkbox"/> Coolers and Ice <input type="checkbox"/> Freezer Chest <input type="checkbox"/> Refrigerated Truck <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cambros <input type="checkbox"/> Coolers and Ice <input type="checkbox"/> Mobile Refrigeration <input type="checkbox"/> Other: _____

Water Supply	Power Source	Waste Disposal
<input type="checkbox"/> Public Water <input type="checkbox"/> Private Well- Submit Analysis <input type="checkbox"/> Commercially Bottled Water <input type="checkbox"/> Other: _____	<input type="checkbox"/> Temporary Electrical Connection <input type="checkbox"/> Permanent Electrical Connection <input type="checkbox"/> Portable Generator <input type="checkbox"/> Other: _____	<input type="checkbox"/> Restrooms <input type="checkbox"/> Portable Toilets <input type="checkbox"/> Garbage Receptacle onsite <input type="checkbox"/> Garbage Receptacle on Trailer <input type="checkbox"/> Other: _____

I acknowledge the following:

- The receipt and retention of this permit depends on compliance with the CT Public Health Code Regulations 19-13-B42.
- I have read the attached FVHD Temporary Food Service Permit Guidelines.
- **I attest that no food will be prepared, stored, or cooked at my home.**
- In the case that this application is completed for multiple events at the same location, **I attest that the menu offered for each of the listed dates is identical. There will be not additions or modifications without prior FVHD approval.** I am aware that if additional menu items are offered, the FVHD may require that an amended application and separate permit fee be submitted for that event.
- Failure to comply with the before mentioned may result in the revocation or the suspension of your food permit.

Signature of Applicant: _____ Date: _____

FOR OFFICAL USE ONLY- DO NOT WRITE BELOW THIS LINE

Application reviewed by: _____ Date: _____

Comments:

Provide Sketch of Food Booth/Trailer/Truck

A large grid of 20 columns and 20 rows, intended for sketching a food booth, trailer, or truck. The grid is empty and occupies most of the page.