



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/Vendor participant 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 **February 28, 2026**, at the Farmington Gardens, 999 Farmington Ave, Farmington, CT.

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

Restaurants/vendors must agree to stay from the 6:00 to 10:00 pm time.

The Restaurant/Vendor:

- may access the venue (Farmington Gardens) to set up from 4:00 p.m. on **February 28, 2026**.
- must be present by 5:15 p.m. for FVHD walk-through.
- have their table ready when the doors open at 6:00 o'clock.

Restaurants will provide 250 portions of food. The 250 portions may be comprised of one item/sampling or multiple items. (At the discretion of the restaurant)

The restaurant may opt to provide a dessert item, if desired.

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

We are working to avoid duplicate offerings. We ask that you provide us with the items that you will be offering and may request that you select a different offering if another restaurant has already committed to providing a similar offering.

A temporary Food Service Permit is required by the Farmington Valley Health District for all restaurants..

The **Rotary Club will pay the FVHD fee** on behalf of participating restaurants if they return the completed form to the contact person for Rotary of Avon Canton **by January 30, 2026.**

The Rotary Club guarantees that 100% of the profits from Tastes-of-the-Valley (“profits” is herein defined as the gross minus actual expenses paid for by the club) will fund scholarships and community service projects. *No one will profit personally from the restaurant’s generosity.*

The Rotary Club will include the restaurant/vendor’s name in all Tastes-of-the-Valley publicity including, but not limited to website, posters, publicity releases and newsletters.

The restaurant/vendor may hang a banner bearing the restaurant’s name at the event, may solicit business at the event and distribute appropriate business cards, promotional material, flyers, and sample menus.

Dated Received: _____

Restaurant/Vendor Representative’s Name: _____

Restaurant/Vendor’s Representative’s Signature: _____ Date:

Rotary Club of Avon-Canton Representative’s Name: _____

Rotary Club of Avon-Canton Representative’s Signature: _____ Date:



Farmington Valley Health District

95 River Road ▪ 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 PERMIT

Fee: \$80.00

Non-profit: No Fee

Temporary Food Establishments serving food and/or beverages to the public on a temporary basis are required to have a Temporary Food Permit. Temporary Food 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, will result in a late fee or may be denied a permit to operate at the temporary event altogether.

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)

(Certified Food Protection Manager/Person in Charge)

Phone Number

Name

Phone Number

- ✓ Submit **completed** application (pages 1-4) and applicable payment.
- ✓ Submit Food Safety Manager’s Certificate for Person(s) in Charge of Booth/Truck.
- ✓ **Submit the attached Base of Operation Form and all requested documents pertaining to that form.**
- ✓ 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 (use additional page if needed)

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: _____
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I acknowledge the following:

- The receipt and retention of this permit depends on compliance with the 2022 FDA Food Code and FVHD Food Service Regulations.
- I have read the attached FVHD Temporary Food Service Permit Guidelines (pg. 6 of this application)
- **I attest that no food will be prepared, stored, or cooked at my home.**
- In the case that this application is completed for multiple dates 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 to the menu 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, empty rectangular box with a thin black border, intended for a hand-drawn sketch of a food booth, trailer, or truck. The box occupies most of the page's vertical space.



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BASE OF OPERATION DECLARATION FORM

Itinerant Food Vendors applying for any kind of permit (annual, temporary, seasonal temporary) from FVHD must operate from a permitted/licensed and inspected Base of Operation from a Health Department/District.

Temporary Food Establishments outside of the FVHD that vend at Temporary Events or Farmers' Markets must submit this form with their Temporary Permit Application.

Itinerant Food Vendor or Temporary Food Establishment

Name of Itinerant Food Vendor/Temporary Food Establishment: _____

Name of Legal Owner: _____ Phone: _____

Address of Owner: _____ Town: _____

E-mail Address of Owner: _____

- Operating as a (check one):
- Annually Permitted Itinerant Food Vendor (within FVHD)
 - Temporary Food Establishment (1–14-day temporary event with fixed location/menu)
 - Seasonal Temporary Food Permit (Up to 180 days with fixed location/menu)
 - Farmers' Market Vendor

Base of Operation

Name of Base of Operation: _____

Street Address of Base of Operation: _____ Town: _____

Name of Legal Owner, Base of Operation: _____ Phone: _____

This kitchen/facility will be used for the following: (Check all that apply)

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Cold food preparation | <input type="checkbox"/> Cold food storage | <input type="checkbox"/> Cooking or reheating | <input type="checkbox"/> Hot Holding |
| <input type="checkbox"/> Cooling | <input type="checkbox"/> Dry Food/Supply Storage | <input type="checkbox"/> Solid/Liquid Waste Disposal | <input type="checkbox"/> Ware washing |
| <input type="checkbox"/> Potable water supply | <input type="checkbox"/> Ice | <input type="checkbox"/> Other: _____ | |

Water Supply at Base of Operation: Public Private Well (Provide recent water test analysis)

Liquid Waste Disposal at Base of Operation: Public Sewer Private Septic

- The undersigned agrees to comply with all regulations enforced by the Farmington Valley Health District.
- I understand that no food can be prepared, or food/food equipment stored in my home.

Signature of Itinerant Vendor/Temp Food Establishment Owner

Date

Signature of Base of Operations Owner

Date

You must attach and submit a copy of the annual permit/license AND most recent health inspection report from the applicable Health Dept/District for your Base of Operation.



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FVHD TEMPORARY FOOD SERVICE PERMIT GUIDELINES

ITEMS REQUIRED AT A TEMPORARY EVENT

- Food contact surface Sanitizer solution (Chlorine bleach or Quaternary Ammonia)
- Chemical test strips (for measuring sanitizing solution)
- Digital thin probe thermometer
- Alcohol swabs (to clean/sanitizer thermometer probe)
- Hair restraints (hat, hairnet, etc.)
- Extra cooking/dispensing utensils
- Gloves
- Adequate supply of potable water
- Soap and paper towels
- Handwashing sink or temporary handwashing set up
- Adequate overhead protection
- Refuse container(s)
- Food temperature logs
- Refrigeration thermometers inside refrigeration and/or food coolers with ice
- Fire extinguisher (Class K required for cooking producing grease vapors)
- FVHD Food Handler Log Sheet
- FVHD Hot/Cold Temperature Log

A FVHD Sanitarian may contact the applicant prior to the event to verify the information in the application and to discuss food handling procedures. The person in charge of the food booth/trailer/truck will be responsible for ensuring proper procedures are understood and followed by all on-site food workers, should be actively involved in the preparation of the food that will be served, and will be on-site for the event.

- The FVHD has the right to limit, restrict, or modify menu items offered at the temporary event and may also restrict or modify preparation methods. On-site food preparation in the food booth shall be minimal.
- Foods shall be from an approved source. Receipts and invoices shall be retained and may be requested by a FVHD Sanitarian.
- All foods must be prepared either in a licensed kitchen or on-site at the food booth/trailer/truck.
- Home cooking/preparation/canning of foods is **NOT** permitted.
- Application submitted less than 14 days prior to the event are subject to a late fee or denial of a permit to participate in the event.
- **Food service establishments located outside of the FVHD jurisdiction applying for a temporary food permit shall submit the following:**
 - ✓ A Base of Operations Form & applicable documents.
 - ✓ A Certified Food Projection Manager’s certification for the food handler overseeing food preparation on-site.



HOT FOOD TEMPERATURE LOG

FOOD ITEM	FINAL COOKING TEMP/TEMP LEAVING BASE KITCHEN	ARRIVAL TIME	ARRIVAL TEMP	INITIALS PERSON IN CHARGE

COLD FOOD TEMPERATURE LOG

FOOD ITEM	TEMP/TIME OUT OF COLD STORAGE LEAVING BASE KITCHEN	ARRIVAL TIME	ARRIVAL TEMP	INITIALS PERSON IN CHARGE

