

Department of Health

Environmental Health

Food and Lodging Program

108 Cherry Street – PO Box 70

Burlington, VT 05402-0070

HealthVermont.gov*Agency of Human Services*

[phone] 802-863-7221

[fax] 802-863-7483

[toll free] 800-439-8550

January 1, 2019

Dear Temporary Food Service Licensee:

Please review this information carefully.

Each temporary food service establishment must obtain an individual license to operate before operating at an event in calendar year 2019. Separate applications and fees are required for operating more than one temporary food service stand at separate events or locations. Vendors may not operate without 2019 licenses.

Applications for a Temporary Food Service Establishment and the corresponding license fee must be submitted to the Department of Health at least 15 days prior to the first proposed event of operation.

Incomplete applications will be returned with a request for more information. Event Coordinators will be verifying licensing status for events.

Once submitted, the Department of Health will review the application for compliance with regulations and if satisfactory, issue a license to operate that will be mailed to the applicant's mailing address provided. **Vendors must bring this license to all events attended in 2019.**

Public Health Inspectors will verify licenses when conducting inspections with vendors at events. Vendors found without a license or submitted application, or with critical item violations that cannot be satisfactorily corrected, will be required to cease operations. **Public Health Inspectors will not collect license applications and fees at events.**

Please review the regulatory requirements in preparation for inspection at events:

- Information for Temporary Food Service Establishments:
<http://healthvermont.gov/health-environment/food-lodging/temporary-food-establishments>
- *Health Regulations for Food Service Establishments:*
<http://healthvermont.gov/health-environment/food-lodging/retail-food-licensing>.

Please contact the Food and Lodging Program with questions at (802) 863-7221 or FoodLodging@Vermont.gov. Thank you for your partnership in working toward a successful temporary event season in 2019.

Sincerely,

Elisabeth Wirsing, MPH
Food & Lodging Program Chief



This page is intentionally left blank.



Food & Lodging Program
 108 Cherry Street
 P.O. Box 70
 Burlington, VT 05402-0070
 802-863-7221

For office use only:

 ID # _____

**APPLICATION FOR LICENSE TO OPERATE A
 TEMPORARY FOOD SERVICE ESTABLISHMENT**

SELECT ONE: **\$230.00** 2019 Calendar Year License (operating 4 or more days/year)
 \$125.00 Single Event License (operating 3 days or less/year)

Application and fee must be submitted at least 15 days before the first event. Incomplete applications will be returned and will delay processing of your license.

FOOD STAND NAME (dba): _____

FULL LEGAL NAME OF CORPORATION, LLC, PARTNERSHIP, OR SOLE PROPRIETOR: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

NAME(S) OF PERSON-IN-CHARGE (PIC) AT EVENT: _____

PIC CELL PHONE: _____ PIC EMAIL: _____

LIST ALL EVENTS YOU WILL BE ATTENDING IN VT (DO NOT LEAVE BLANK) Use additional paper if necessary.

FIRST EVENT:	LOCATION:	DATE:

ALL OTHER EVENTS:	LOCATION:	DATES:

FOR OFFICE USE ONLY:
 Date Received _____ Amount \$ _____ Ck. _____ Inspector Assigned _____

MENU & PROCEDURE REVIEW (DO NOT LEAVE BLANK) Describe all menu items to be sold. Use additional paper if necessary.

Food product to be sold, sampled or prepared	Preparation Process: Include any cooking, cooling, hot and cold holding steps.	Preparation Location Specify any offsite locations.

LICENSE REQUIREMENTS (MUST INITIAL) A summary of the core regulatory requirements for a temporary food service operation is listed below. Compliance is required with these items and with the complete Vermont *Health Regulations for Food Service Establishments*. Initial to indicate you understand and will comply with each requirement. Not providing the necessary information may cause your application to be denied.

	Requirement	Initial
a.	All food, drink and ice must be from an approved source.	
b.	All food must be properly labeled and stored to prevent contamination.	
c.	All potentially hazardous foods must be cooked to the appropriate temperature then stored, displayed and served above 135° F or below 41° F.	
d.	No bare hand contact with ready-to-eat foods. Appropriate utensils or gloves must be provided. Employees shall wash their hands, with warm 100° F water and soap with a scrubbing action for at least 20 seconds as required.	
e.	Ice shall be stored in a container that is properly drained and protected from contamination.	
f.	Provide equipment to maintain temperature of all potentially hazardous food at required temperatures during storage, preparation, display and service.	
g.	All potentially hazardous foods must be thawed under refrigeration or as part of the cooking process.	
h.	Use good hygienic practices.	
i.	Restrict ill food workers from handling and preparing food.	
j.	Appropriate hair restraints and clean outer clothing or uniforms must be worn.	
k.	Provide approved facilities to wash, rinse and sanitize equipment and utensils.	
l.	Provide appropriate thermometers and sanitizer test kit.	
m.	Store and dispense single-service articles appropriately.	
n.	Manual warewashing must include an appropriate sanitization rinse.	
o.	Wiping cloths are used appropriately and stored in chemical sanitizer.	
p.	Food contact surfaces of equipment and utensils are cleaned appropriately.	
q.	Store clean equipment and utensils properly.	
r.	Water is from an approved source.	
s.	Waste water / sewage is properly disposed of.	
t.	Plumbing system shall be installed to prevent backflow and back siphonage.	
u.	Handwashing facilities are conveniently located and provide water that is 100° F.	
v.	Prevent insects, rodents and pests from entering the area.	
w.	Adequate lighting is provided, and all fixtures are installed with shatter-resistant bulbs.	
x.	All toxic items must be labeled and stored properly.	
y.	All areas must be free of rubbish, litter and debris.	

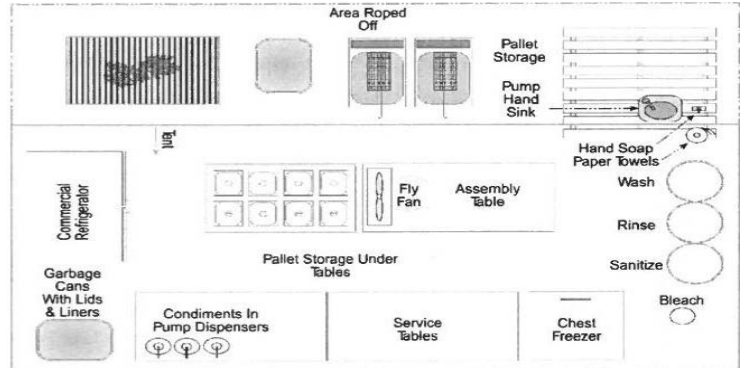
REQUIRED. DO NOT LEAVE BLANK.

BOOTH LAYOUT

Use the box below to draw and identify all equipment including:

- handwash station
- hot and cold holding
- refrigerators
- worktables
- food/single service storage
- wash/rinse/sanitize sinks
- waste receptacle
- wastewater disposal
- floor covering

SAMPLE BOOTH LAYOUT



I certify that all information on this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license status.

Printed Name: _____ Date: _____

Signature: _____

APPLICANT'S STATEMENT REGARDING CHILD SUPPORT AND TAXES

You **MUST** answer questions 1 and 2.

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

1. You **MUST** check one of the statements below regarding child support regardless whether or not you have children:

- I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.
or
- I hereby certify that I am **NOT** in good standing with respect to child support dues as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship".
or
- I hereby certify that 15 V.S.A. § 795 is not applicable, because this is a business seeking certification.

Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business shall not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due and payable, and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

2. You **MUST** check one of the two statements below regarding taxes:

- I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).
or
- I hereby certify that I am **NOT** in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship".

Tax ID Number: _____ **OR** Social Security #* _____ / _____ / _____ Date of Birth _____ / _____ / _____

* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C) and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

STATEMENT OF APPLICANT

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Printed Name: _____ Date: _____

Signature of Applicant: _____ Title: _____