



City of West Haven Health Department
355 Main Street
West Haven, CT 06516

APPLICATION FOR ITINERANT FOOD SERVICE PERMIT

PERMIT FEE \$475.00 NEW APPLICANT (ONE TIME) FEE \$100.00

MAY 1, 2023 – APRIL 30, 2024

Name of Business: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Fax: _____

Name of Owner: _____

Address for Legal Notices: _____

Email: _____

Phone Number for Emergency Contact: _____

Location where food is prepared: In truck Base Kitchen (address) _____

Primary vending location: _____

Water source: _____

Size of Fresh water holding tanks: _____ Size of waste water holding tanks: _____

Construction materials: _____ Where waste water is disposed: _____

Make of vending vehicle: _____ Registration number of vehicle: _____

Signature of Applicant: _____

MUST SUBMIT CERTIFIED FOOD PROTECTION MANAGER CERTIFICATE FOR ALL CLASS 2, 3 AND 4

Class 2, 3, 4 only - Name of CFPM: _____

Phone Number of CFPM: _____

Alternate Person in Charge (PIC): _____ Phone # _____

CLASS 1 VENDORS ONLY NEED TO PROVIDE NAME & PHONE # OF PERSON IN CHARGE (PIC)

Name of PIC: _____ Phone # _____

ALL VENDORS MUST OBTAIN EACH CITY OFFICIAL BELOW PRIOR TO ISSUANCE OF ITINERANT PERMIT

Required Approval Signatures

_____ ZONING DEPARTMENT (1ST)
_____ FIRE MARSHAL'S SIGNATURE (2ND)
_____ HEALTH DEPARTMENT (3RD)
_____ POLICE DEPARTMENT (LAST)

AND THEN RETURN TO HEALTH DEPARTMENT FOR FINAL ISSUANCE OF ITINERANT PERMIT

Office Use Only:

Sticker issued by: _____ Date: _____ Sticker #: _____

Date Paid: _____ Class: _____ License Fee: _____

Date License Issued: _____

TAX DEPARTMENT STAMP