



**EAST SHORE DISTRICT HEALTH DEPARTMENT**  
Bringing good health to the towns of Branford, East Haven and North Branford

**FOR OFFICE USE ONLY:**

Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Paid by: \_\_\_\_\_

**Itinerant / Mobile Vendor Plan Review**

Food service business name: \_\_\_\_\_

Name of owner(s) of business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Address of owner if different \_\_\_\_\_  
\_\_\_\_\_

Owners Telephone number(s): \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

E-mail address: \_\_\_\_\_

Proposed class ☐1 ☐2 ☐3 ☐4

Is the owner/operator a Certified Food Protection Manager (CFPM)? ☐Yes ☐No

Name of approved examination for CFPM \_\_\_\_\_

The undersigned agrees to comply with all regulations and ordinances enforced by the East Shore District Health Department (ESDHD). You must contact the ESDHD at (203) 481-4233 if you propose further changes in menu, equipment, facility, or any of the above referenced information.

Owner/Operator Signature \_\_\_\_\_ Date \_\_\_\_\_

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ESDHD Approval date:     /     /     Signed:     Title:  
Comments:

**Method of cooking** on site (check all that apply):

- |                                   |                                     |                                   |                                      |
|-----------------------------------|-------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Steaming | <input type="checkbox"/> blanching  | <input type="checkbox"/> roasting | <input type="checkbox"/> broiling    |
| <input type="checkbox"/> Smoking  | <input type="checkbox"/> stewing    | <input type="checkbox"/> barbeque | <input type="checkbox"/> grilling    |
| <input type="checkbox"/> Boiling  | <input type="checkbox"/> sautéing   | <input type="checkbox"/> baking   | <input type="checkbox"/> deep frying |
| <input type="checkbox"/> Brazing  | <input type="checkbox"/> pan frying | <input type="checkbox"/> roasting |                                      |

**Foods** for menu (check all that apply)

- |           |  |  |
|-----------|--|--|
| Fruit     | <input type="checkbox"/> commercially packaged and pre-washed                              |  |
|           | <input type="checkbox"/> washed and processed on site                                      |  |
| Vegetable | <input type="checkbox"/> commercially packaged and pre-washed                              |  |
|           | <input type="checkbox"/> washed and processed on site                                      |  |
| Meat      | <input type="checkbox"/> raw <input type="checkbox"/> commercially packaged and pre-cooked | <input type="checkbox"/> prepared & cooked on site   |
| Fish      | <input type="checkbox"/> raw <input type="checkbox"/> commercially packaged/pre-cooked     | <input type="checkbox"/> prepared & cooked on site   |
| Chicken   | <input type="checkbox"/> raw <input type="checkbox"/> commercially packaged/pre-cooked     | <input type="checkbox"/> prepared and cooked on site |
| Pork      | <input type="checkbox"/> raw <input type="checkbox"/> commercially packaged/pre-cooked     | <input type="checkbox"/> prepared & cooked on site   |
| Eggs      | <input type="checkbox"/> raw <input type="checkbox"/> pasteurized                          | <input type="checkbox"/> prepared & cooked on site   |

Describe how you will process food on your mobile vendor unit (on site). Check all that apply:

- |                               |                              |
|-------------------------------|------------------------------|
| <input type="checkbox"/> Cut  | <input type="checkbox"/> Mix |
| <input type="checkbox"/> Chop |                              |

***Provide a detailed description of how foods sold on the mobile unit are prepared:***

Cold Foods	Preparation steps
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Hot Foods	Preparation steps
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List the food that will be made more than 4 hours in advance \_\_\_\_\_

**There shall be no home cooking, no home preparation and/or no home storage of food offered on mobile vendor units.**

All foods must be obtained from a licensed and permitted wholesaler or food distributor. Where is the food purchased?

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Name and address of base of operations:

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List of foods that are leftover at the end of the business day: \_\_\_\_\_

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How and where will you store the leftover food? \_\_\_\_\_

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Where will you store extra paper goods and extra food? \_\_\_\_\_

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How will you reheat leftover food? \_\_\_\_\_

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**Equipment** (check boxes that apply for all equipment installed on the mobile unit.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Grill            | <input type="checkbox"/> Coffee maker          | <input type="checkbox"/> Steamer                          |
| <input type="checkbox"/> Hot holding unit | <input type="checkbox"/> Soup warmer           | <input type="checkbox"/> Sandwich making unit (cold food) |
| <input type="checkbox"/> Deep fryer       | <input type="checkbox"/> Oven                  | <input type="checkbox"/> Under counter refrigerator       |
| <input type="checkbox"/> Microwave        | <input type="checkbox"/> Freezer               | <input type="checkbox"/> Thermal box                      |
| <input type="checkbox"/> Hand wash sink   | <input type="checkbox"/> Food preparation sink | <input type="checkbox"/> Three compartment sink           |

**Chemicals** (name of sanitizing chemical you will use on mobile unit.)

- |                                   |  |                                 |
|-----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Chlorine | <input type="checkbox"/> Quaternary ammonium | <input type="checkbox"/> Iodine |
|-----------------------------------|--|---------------------------------|

**Water tank**

How often is the water tank cleaned? \_\_\_\_\_

How do you clean the water tank? \_\_\_\_\_

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You may not discard your wastewater into a storm drain or onto a street, or onto a driveway that runs into the street. Where do you dispose of the waste water?

Type of water supply? ☐ public water ☐ well

*Mobile vendors on private water supply wells must submit a complete water analysis of a report from a state certified laboratory prior to the issuance of an annual license.*

You may not use city trash cans to dispose of your refuse. You must bring a waste can with you for your customers and remove the refuse from the site. Discarding your refuse in city trash cans may result in a fine, a ticket or revocation of your permit.

**Garbage** (Dimensions [size] and brand of trashcan you will have for your mobile vendor unit)

Where and how will you dispose of your garbage on the mobile vending unit?

Address \_\_\_\_\_

Name and address of food vendor personnel \_\_\_\_\_

Home mailing address: \_\_\_\_\_

Telephone number (home): \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Name and address of food vendor personnel \_\_\_\_\_

Home mailing address: \_\_\_\_\_

Telephone number (home): \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Name and address of food vendor personnel \_\_\_\_\_

Home mailing address: \_\_\_\_\_

Telephone number (home): \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

**The following documents must be submitted for review:**

- ☐ Proposed menu
- ☐ Detailed plan of mobile unit drawn to scale, (minimum ¼ inch = 1 foot) show location of equipment.
  - a. you may also submit photographs with the drawings
- ☐ Proposed equipment specifications
- ☐ Provide a detailed list of proposed method of food processing including cooking on the mobile unit.
- ☐ Name and address of base of operations.
- ☐ Copy of food license and most recent food service inspection report.
- ☐ If your business has more than one vehicle or cart, each vendor must be identified.
- ☐ Truck registration

List all locations you will be working at in the district (East Haven, Branford, North Branford) and the time of day you will be at those locations.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.